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Original Department.

On the Therapeutic Use of Desiccated Defibrinated Blood—(Sanguis Bovinus Exsiccatus.)

By Dr. Guerder, Paris, France,
Late Interne of the Hospitals, Laureate of the Academy of Medicine, Corresponding Member of the Society of Practical Medicine, etc.

In the November number of the Therapeutic Gazette appeared a former article of mine "on the employment of defibrinated blood powder in forced alimentation and in exhausted states of the economy." The idea of employing blood for food or for therapeutic purposes, is not a modern idea. As an aliment, it has long formed the basis of certain very nutritious culinary preparations, to some of which I made allusion in my first article. Despite the reputation for indigestibility which attends these products of the cuisine, blood in substance, whether taken as a liquid or as a powder, has always proved easy of digestion. The powder of defibrinated blood prepared at our laboratory, (in Paris),* and which I am told is in every essential respect similar to that manufactured by Parke, Davis & Co., in America, has been generally found to agree with the most rebellious stomachs, and I have dozens of observations which go to prove this fact.

COMPOSITION.

The following chemical analysis bespeaks the highly nutritive character of this compound:

	IN 100 PARTS
Albuminoid Matters	95.
Salts—principally Chlorides and Phosphates	4.50
Iron	0.25 to .50

From an alimentary point of view, the powder of blood well prepared, and absolutely dry, is more

*The "Depot General" of our hæmatic powder may be found at "Pharmacie Dalmon," 80 Faubourg, St. Denis, Paris.

nutritive than the powder of meat, whose desiccation is never quite complete. It represents from six to seven times its weight of fresh blood. By the salts which represent (and in the proper proportions), all the saline elements necessary to the organism, it exercises on the digestive apparatus, and on the entire economy, a tonic and stimulant action quite analogous to that of a great number of mineral waters. The iron exists in this preparation in sufficiently high proportion, so that the absorption of from one-half ounce to an ounce of this powder constitutes a powerful ferruginous treatment. Moreover this iron combined with the hæmoglobine, enters the economy without undergoing any transformation.

MODE OF PREPARATION.

Blood powder should be prepared in a way to preserve all the constituent elements of the blood, minus the water; these elements not having undergone any chemical change. Our mode of procedure is as follows: The blood, taken from well-selected animals, is received at the moment of slaughter into perfectly clean vessels, is immediately defibrinated by whipping, cooked from one to two hours over a sea-water bath at about the boiling point (212°F.); it then has a reddish-grey aspect, but being exposed to the air recovers the bright red arterial color, which proves that the hemoglobin has retained all its affinity for oxygen. The cooked blood is then dried in a special apparatus. Cooking seems to us indispensable to destroy any morbid germs which may be contained in the blood; it does not, moreover, alter the digestibility of the preparation any more than that of meat or eggs. Blood powder well prepared is of a beautiful scarlet color. It has no odor when it is sufficiently dried, and may be kept any length of time. Dissolved in water it has a slightly sickish taste which is easily corrected.

MODE OF ADMINISTRATION

In a glass tumbler place a teaspoonful of the powder of blood and add a teaspoonful of sugar; pour on cold water,* stirring all the while till as complete a solution as possible is effected. Add a teaspoonful of some kind of liquor—rum, brandy, anise cordial or wine—according to the liking of the patient. It may also be given in the form of an emulsion with milk, syrup, coffee, etc.

DOSE.

The dose should be large enough to obtain a definite result. The medium quantity is from three to four teaspoonfuls a day, representing from one-half an ounce to an ounce of the powder. In many cases this dose may be exceeded. In the usual dose the patient will absorb as food the equivalent of four to five ounces of fresh blood or of meat, from a quarter to a half dram of soluble chlorides and phosphates, and hemoglobin in sufficient quantity to give from one to two grains of metallic iron.

INDICATIONS FOR BLOOD POWDER.

The hygienic indication is present in persons who by reason of want of appetite, or a languid state of the digestive functions, cannot take sufficient food. A teaspoonful of the powder taken at the end of each meal serves to give the needed support, which is a first advantage. Besides, these persons being always more or less anæmic, are benefited by the dose of iron which they absorb from the hæmoglobin of the powder. The stimulating action of the salts of the blood is manifested in arousing the digestive forces, and the functions generally of the organism. Therefore we often see these patients after a little while recover their appetite, and their digestive troubles disappear. A very marked amelioration of the general health often follows, and we have seen such persons after having abandoned the use of the blood powder, resort to it again when debilitated.

ALIMENTATION OF INFANTS.

The powder of defibrinated blood is an extremely useful adjuvant in the dietary of young children. It is notorious that vomiting and diarrhœa are extremely frequent in bottle fed babies. The blood powder, employed in lavements, has rendered us the greatest service in the treatment of this diarrhœa, and has led us to experiment with it, in these conditions, as a preventive measure. The success which we have obtained, has confirmed our highest expectations. Delicate infants suffering from diarrhœa and vomiting were given this powder mixed with their milk, in the proportion of from half a dram to a dram (nearly a teaspoonful by measure) to each bottleful. From the first day the vomiting ceased, then the diarrhœa, and these infants, pale sickly, in a few weeks underwent a complete transformation. M. Laborde has communicated to the Society of Biology facts of the same kind and has employed blood powder with success in the alimentation of infants, in health and in disease.

CONVALESCENCE.

Convalescence is an intermediary stage between the state of disease and the state of health, during which the organism regains the forces which it has lost. During this period hygienic conditions and alimentation play the principal part, but the latter, in having to satisfy great needs, should be directed with extreme prudence, and never exceed the limits of the digestive powers of the patient. Looked at exclusively as an aliment, the blood powder here renders great service. By its nutritive and tonic action and its extreme digestibility, it enables the most dilapidated organism rapidly to undergo reconstruction. This advantage is seen especially after diseases in which the digestive tube has been directly affected, and in which errors of diet during convalescence may have such injurious consequences, such as dysentery and typhoid fever. In the November number of this journal I reported several cases illustrative of the benefits which may be derived from the blood powder in typhoid fever, and similar cases are continually coming under my observation.

THERAPEUTIC INDICATIONS.

The therapeutic indications of this alimentary powder are extremely numerous. In a general manner it may be said that it is always indicated when there exists enfeeblement of the organism, whatever may be the cause and nature. But the reconstituent action of this powder, due to its elements, so complex and physiologically associated, is manifested more conspicuously in certain cases where it may be considered as the heroic treatment.

ANÆMIA AND CHLOROSIS.

In simple anæmia, the result of hemorrhage, for example, a better reconstituent cannot be found. Nothing else can with the same rapidity render to

*I say *cold* water. Of course no physician in his senses would think of dissolving a highly albuminous substance in *hot* water.

the organism the elements it has lost, since the same elements are found elaborated and associated in this powder in the normal proportions. In simple anæmia alimentation may alone, it is true, suffice for the reëstablishment of the forces, but this result can much more speedily be obtained if to the ordinary dietary of the patient we add the alimentary principles and the specific action of the salts and iron of the blood. But when the hemorrhage depends on an organic affection, for example hæmoptysis, hæmatemesis, renal hemorrhages, or metrorrhagia, the anæmia which is the consequence presents a different aspect of gravity. This anæmia is complicated with want of appetite and digestive troubles which do not permit ready restoration of the organism by the ingestion of food. The indication is, however, none the less strong to nourish the patient and restore to the blood its salts and its iron. The perfect tolerance of this powder by stomachs which refuse every other kind of food makes it a precious resource in these cases. If iron may be considered as a specific in chlorosis, it is only on condition that it be tolerated by the stomach and that it be assimilated. The enormous quantity of ferruginous preparations which exist at the present day, and which are vaunted as each being more assimilable than all the others, is a demonstration of the inadequacy of these compounds, in many cases, to meet the want for which they are prescribed. Iron, moreover, alone can never cure chlorosis; there are other elements of the blood whose proportion is equally lessened, and which must be restored. It is by alimentation that this end is obtained, but the latter, for reasons above stated, often fails us. The greater part of chlorotic patients are dyspeptic, have want of appetite, nausea and vomiting, symptoms which iron often aggravates. In these conditions the blood powder acts heroically and promptly. In addition to the cases I reported in my former article, I present the following illustrative observations:

Case 1. (Reported by Dr. Steibel.) Name of patient, M. T., aged 16 years. Is chloro-anæmic, walks with a stoop, has a teasing cough, complete loss of appetite, etc.

March 21, 1883; a teaspoonful of blood powder night and morning in a half glass of water.

Eight days after the appetite had completely returned, and the color had come back.

The patient who had not menstruated for six months, was regular the 15th April, and the 15th May. The leucorrhœa has entirely disappeared.

Case 2. (Reported by Dr. Steibel.) Patient Miss C., aged 18 years. For the past two years a sufferer from grave chloro-anæmia. Has been treated to no effect by iron, quinine, nux vomica, and douches. Since the 15th of February last two teaspoonfuls a day of blood powder. At the end of three days appetite returned; the 6th of March there was a notable amelioration in her condition.

Case 3. (Communicated.) Dr. Cesbron has employed the blood powder in the case of a young girl who could not tolerate iron; under the influence of this medication, which was perfectly well borne in the dose of three dessert-spoonfuls a day, the bodily forces have returned, and with them the appetite and health.

Case 4. (A patient of Dr. Fichon, of Erquy.) This patient was cachectic and reduced to the last extremity by reason of a very obstinate diarrhœa, contracted in one of our colonies. The usual treatment was tried, but without avail, when it occurred to Dr. Fichon to resort to the powder of blood. This patient, with pallor of the countenance and lips, badly neglected for several months, given up as incurable, and feeling his courage and his life ebbing slowly away—suffering from œdema of the limbs and palpitations—was certainly not a promising case for any kind of treatment. In less than a fortnight the powder of blood produced a marked change in this man. There was return of appetite strength and sleep. The lips resumed their natural rosy hue, and everything announced a happy return to health. These expectations have not been disapointed.

PERNICIOUS ANÆMIA.

In pernicious anæmia the result is less certain; the examination of the blood shows that in these cases the patient succumbs to leucocythæmia. This affection is seen often as a result of prolonged lactation or of lactation in debilitated women. If the treatment is not commenced before the leucæmic alteration take place, a cure is impossible. Dr. Baudon de Mouy has communicated to me a case of this kind.

Case 5. A young woman of 24 years, in too poor health to suckle her child, insisted on performing this maternal duty, in spite of my protest. The chlorhydro-phosphate of lime has been employed without success, when I attempted the administration of blood powder. At first the result gave me some hope, but the patient soon lapsed into a state of complete general break-down, from which she never rallied.

In the following case the perfect tolerance of this powder is exemplified, and the benefit sometimes derived from it in constipation:

Case 6. Mlle O., æt 12, was attacked with acute meningitis Nov. 16, 1882.

After a severe sickness, attended with deafness, paralysis and loss of sight, the patient became convalescent about the 20th of Nov., but an intense enteritis complicated with frequent vomiting spells, retarded recovery.

Feb. 15, 1883. The patient is still without strength, cannot sit up or eat solid food; subsists on a little broth, gruel or milk.

Feb. 25. Two teaspoonfuls three times a day of blood powder; milk, broth, Bordeaux wine.

March 5. The patient can sit up, eats now a more substantial diet. The obstinate constipation which succeeded the enteritis has disappeared.

March 20. The patient is rapidly improving. She still takes the blood powder, with meat, eggs, bread, etc.

DYSPEPSIA, ORGANIC AFFECTIONS OF THE DIGESTIVE TUBE.

The use of blood powder along with milk (the two can often with advantage be given together, as the powder dissolves well in milk), constitutes the very best treatment of dyspepsia.

The blood powder is often perfectly tolerated when milk is not. It is so readily dissolved by the digestive fluids that no fermentable residue is left in the stomach, and no eructations or nausea follow its ingestion. When the dyspepsia is linked to an organic affection of the digestive organs, this powder still confers great benefit. It enables us to support the patient and lessen his suffering when all hope

of cure is gone. Of this we have a remarkable instance in the case of a patient of Dr. Dodeuil, a young man 30 years of age, whose stomach would tolerate nothing. The blood powder not only agreed well with his stomach but was taken with extraordinary relish. The vomiting and eructations ceased, and for a time the young man seemed on the road to recovery. But, as the autopsy subsequently proved, there was an incurable organic lesion of the stomach to which the patient soon succumbed. Nevertheless to the last the blood powder was used to advantage in sustaining the strength of the patient when all other nourishment was rejected. Dr. Baudon had a similar experience with an old lady aged 74. For weeks before her death the blood powder was the only nourishment she could take. The autopsy revealed cirrhosis of the liver. In a case of chronic peritonitis Dr. Dodeuil was able by means of blood powder to arrest the vomiting which was prostrating the patient.

DIARRHŒA.

I have already alluded to the preventive and curative action of blood powder in infantile diarrhœa.

Case 6. Dr. Letorrain has communicated to me the case of an infant 14 months old suffering from cholera infantum and which was treated by him successfully by lavements of blood powder when the stomach would tolerate no nourishment.

Case 7. *Chronic Gastro-Enteritis.*—Dr. Picard has treated with success by blood powder a man aged 40, affected with chronic gastro-enteritis from alcoholism, who had been brought to a state of extreme debility by vomiting and diarrhœa.

PHTHISIS.

The study of tuberculosis is more than ever the fashion of the day. Whether we admit or not the parasitic theory of Dr. Koch, everybody is agreed that the question of aptitude and of constitutional condition is of prime importance. This aptitude, so justly characterized by Bouchardat under the name of physiological depravity (*misère physiologique*) may create the soil favorable for the culture of the microbe,(new view), or occasion the spontaneous development of phthisis, (old view).

The essential condition of all treatment, preventive or curative, consists in the abolition of this wretched physiological state, by restoring the forces of the economy through hygienic and therapeutic means.

This is a truism which is brought into new light and prominence by the surprising results recently obtained by Debove and Dujardin-Beaumetz by means of forced alimentation. It is, however, to be regretted that forced feeding by means of the sound, (gavage), meets such numerous difficulties in private practice. It is evident that in treating this grave malady, especially when the tuberculosis is not extensive, and when you wish especially to combat the predisposition, the *misère physiologique*, (to again quote Bouchardat's happy term), the first thing is to promote a high state of nutrition. Everybody knows the difference which exists, in the progress of phthisis, between the patient who eats and the patient who does not eat. First among the nutrient restoratives—better in very many cases than cod-liver oil—is the powder of which we have been speaking. In fact the hæmatic powder can be taken in ten cases, where cod-liver oil is tolerated in only one or two; and where both are equally well borne, we believe that the former is by far the more powerful reconstituent. So readily absorbed and so unirritating is it that it seldom causes vomiting, even in cases where all other food is instantly rejected. Its extreme digestibility enables us to give large quantities, one to two ounces or more, which is equivalent to from 12 to 15 ounces of fresh blood. It enables us therefore to remedy with rapidity and efficacy the *misère physiologique*, (to quote once more an expression for which I find no English equivalent) and and so to modify the organic soil that the tubercle bacillus will not there find a suitable habitat. It is in these periods, namely, before active disintegration of the lungs has taken place that the physician can act to the most advantage.

Case 8. J. B., æt. 59, tall in stature, has always been of delicate health; for five or six years he has coughed and expectorated; his manner of life is very regular; hygienic conditions good. For three years, dullness at the right apex, disseminated rales in both lungs. Six months ago when I saw this patient (April 4th, 1883) his cough was on the increase with diminution of appetite and sense of prostration, slight febrile paroxysms in the evening, and moderate night sweats. Treatment: creasote in capsules; four teaspoonfuls a day of blood powder. Three days after making the above memorandum, he had a slight hæmoptysis under the influence of emotion; this soon yielded to treatment; crepitation at the right apex, complete loss of appetite the debility increasing. I doubled the dose of blood powder; at the end of several days the appetite returned, he recovered his strength rapidly, and at the end of two months was able to go to work. Continued to take the blood powder. Three months later the patient found himself much better than before his sickness; there was considerable increase in weight and he was altogether more vigorous. The crepitant rales had disappeared with the cough, but there always remained dullness under the right clavicle.

Case 9. Dr. Bacarisse has communicated the case of a patient, who, as the result of a frightful hæmoptysis, lost 15 pounds in one month. Then he was put on a regimen of blood powder of which he took only one and one-half teaspoonfuls a day. Since the commencement of this treatment he has regained his strength, and despite the feeble dose and the fact that his appetite is still poor, he has gained a pound in weight.

Case 10. Albuminuria. Madam D., for about two years a sufferer from intermittent albuminuria, has been treated in Paris by cold baths, tincture of nux vomica, and Vittel water. Being on a visit to her mother in Jan. 1883, I put her on milk diet and the nitre water of Alsace. The pain ceased, the strength increased, but there was always want of appetite.

March 8. I prescribed a teaspoonful of blood powder, morning and evening before meals. Three days after she returned to Paris. March 20 Madam D., demanded of me some more blood powder; the appetite had returned, all other treatment had been abandoned. For two years Madam had been unable to eat meat; as the result of using the hæmatic powder she can now eat meat with relish, and her appetite and strength are restored. (Communicated by Dr. Steibel).

Dr. Dodeuil has written to me that phthisical

patients, for whom he has prescribed blood powder have derived benefit from it.

I cannot better terminate this article than by quoting the conclusions of Dr. Steibel in his recent treatise, and this well sums up what I have just said: "It results from my experience that the powder of defibrinated blood rapidly arouses the appetite and the digestive functions. It advantageously replaces iron, especially in cases, sufficiently numerous, where the latter is not well borne. To this action as a chalybeate is joined another no less precious. It is an excellent ailment, reduced to the smallest volume possible, and of perfect digestibility, although the blood with which it is prepared is cooked. It is a happy circumstance that cooking, which seems to us necessary, in no respect alters its digestibility. As a chalybeate, the blood powder presents the advantage of not provoking constipation. In all debilitated states of the organism it will prove a valuable therapeutic adjuvant and nutrient.

Jequirity—Abrus Precatorius.

By C. W. Tangeman, M. D.*

WE will not continue the subject where we left off in the last issue of the Gazette, viz., with regard to the use of an infusion of jequirity in diseases of the ear, but go back and make an effort to substantiate the conclusions that were laid down. Individuals, through medical journals, ask the question nearly every week, "is an infusion of jequirity applicable in other diseases than trachoma? in ophthalmology?" To give the rational action of this drug will definitely and clearly answer the question. The reaction that is produced by the application of a jequirity infusion is not due to an active principle or a crystallizable substance found in the bran, but is caused by a microscopic organism. As stated above, the only probable theory and one that is accepted by nearly everybody, is that trachoma is of a mycotic nature; therefore, when the jequirity bacillus is introduced, the tendency is to sterilize the field inhabited by the bacillus of granulations, and the disease is cured, since the cause has been removed. Are there any other diseases of the eye dependent on a microbe? This question by many will be answered in the affirmative, but our ordinary parasiticides are known to possess the property to destroy the organisms which act as a cause. In some instances, in fact, they rapidly sterilize their own field, for example, in phlyctenular inflammation, which is claimed to be caused by a bacteria, the disease very rapidly runs its course and disappears, without any treatment; but in the course of a few days or weeks possibly, a new crop springs up which undoubtedly is due to the development of the sporules that were given off from the bacillus in the former attack, and laid there in a dormant state until the soil is again favorable for their development, when we are in the presence of another outburst. That is the reason why Prof. Seely has been such an ardent advocate in the use of a parasiticide in phlyctenular inflammations. It sterilizes the soil, and kills the sporules on which a subsequent attack is dependent, at the same time can serve as treatment in the existing inflammation. In the trachomatous process the indications are precisely the same, but the nature of the disease is somewhat different, consequently there must of necessity be a variation in the method of treatment.

The trachomatous process does not run its own course or the bacilli sterilize their soil until irreparable damage may have occurred to the eye. Mercury in some of its forms is the best parasiticidal agent that we possess, and gives perfect satisfaction as a therapeutic agent in the former inflammation, while in the latter disease it is not so thoroughly efficient, though the principle of its application is settled beyond dispute. The discovery of a new agent, one that is more active, to supply the want so long felt was highly necessary, and I think we have found it in abrus precatorius. I can heartily recommend it as the most important addition to the armamentarium of the oculist that has been made for decades. Had the pathogeny of trachoma been as thoroughly understood as at present, (even though our knowledge is yet deficient,) a remedy might have been discovered ere this. Some of my readers may not thoroughly comprehend my arguments, and in order to render them more lucid I will briefly cite the history of a case treated at Prof. Seeley's clinic.

Johnny F., aged 8, made application for admission to the clinic, Nov. 28, 1883. The history as obtained from the mother who accompanied the child, showed that he belonged in the ear department, since he was suffering with an acute inflammation of the mastoid cells; otherwise the patient was perfectly healthy, never had suffered with any disease of the eyes whatever. The reason that I mention this part of the history is to show that the patient while under our immediate daily observation (for the ear trouble) developed an attack of typical trachoma in both eyes; possibly by coming in contact with trachomatous patients in the patient's waiting-room. This case is of particular interest, inasmuch as the acute stage with its symptoms of irritation could be watched from day to day. The symptoms were not so very severe, but the eye lids were red and swollen; the conjunctival and subconjunctival vessels were injected. On eversion of the lids the conjunctiva was found to be thickly studded with the characteristic greyish white bodies; this appearance was especially well marked in the retrotarsal folds. The palpebral conjunctiva was somewhat swollen and injected. The accompanying conjunctival inflammation was of a mild catarrhal form which was relieved by a single application of a solution of bi-chloride of mercury, 1 part in 7,500 parts of water. I concluded to try the efficiency of jequirity in a recent case of trachoma. The infusion that I employed was an extemporaneous preparation, made simply by adding cold water to the pulverized bean and allowing it to macerate for 24 hours. It was then filtered, and applied to the conjunctival surface of both the upper and lower lids by means of a pledget of cotton wrapped on a probe. In the course of 24 hours the patient again presented himself. He had the very characteristic appearance which was produced after a single application of the infusion. The eye lids were a little œdematous and reddened; there was some lachrymation but no photophobia or pain; when the lids were everted, the mucous membrane was found to be thickened and very red. In the

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retrotarsal folds an exudate or thin membrane of a croupous nature, covered the conjunctiva, which was easily separated without causing any pain or hæmorrhage. There was discharge of a thin purulent nature present, containing flakes and shreds of lymph. Here was a capital opportunity to experiment with the sublimate solution, to demonstrate its efficacy in aborting or cutting short this artificial inflammation. I accordingly made an application of corrosive sublimate of the strength given above. The eyes were thoroughly bathed, which removed some of the lymph from the lids. At the expiration of 24 hours patient's eyes presented in every respect a normal appearance. When the eye-lids were everted, the membrane was found to have extended over nearly the whole palpebral mucous surface, but there was not a trace of an inflammatory symptom present; 24 hours later, or four days from the time that the jequirity infusion was applied, there was only one symptom remaining referable to its application, namely a narrow strip of false membrane in the conjunctival cul de sac. In the course of another day even this had disappeared entirely. Now the entire surface was exposed to view again, but the surface was perfectly smooth, and the granulations had disappeared, not by absorption due to an inflammation, since there was no inflammatory process present after the first day.

The suggestion that the trachomatous bodies disappear so rapidly by the mucous membrane swelling and simply hiding them, could not be made applicable in this instance, because there was little or no swelling, nor have the bodies put in their appearance again since the case has been discharged as cured. One application with an ordinary amount of reaction seemed to be sufficient, while some investigators apply the drug for days, every three or four hours or oftener; that may be the cause of the bad results that have been recorded. They undoubtedly labored under the mistaken idea that purulency, and nothing short of purulency, would relieve the case, while on the contrary it is not even desirable. The history of the above case makes it almost superfluous to say that the jequirity ophthalmia is caused by a microbe whose action can be cut short at any stage of the inflammation, by the use of the sublimate. If this observation can be verified by other investigators, then we possess not only an efficient, but also a safe remedy in jequirity. It need not be advocated as a specific; need not cure all cases; no remedy ever does that. Nor does it yield equally good results in hands of all observers. The fact that granulations can be cured, whether of the acute or chronic variety, without exciting an active inflammation, breaks down the last support of the theory upon which the unpardonable mistake of applying caustics and astringents to the conjunctiva, for the cure of granulations rested. If the introduction of new remedies fails in many instances it nevertheless has a tendency to develop facts and eliminate theories that can only be injurious to patients. The jequirity bacillus and its effects, can be controlled by the physician as easily as the effects of opium and its preparations; in both instances we may find cases that will not tolerate the remedy at all, or, on the other hand, be very successful in its effects; consequently the physician must overlook and govern its application.

Relative to the employment of jequirity in other diseases, our knowledge is necessarily more limited. I have employed it in a number of cases suffering with chronic purulent inflammation of the middle ear. It seems to possess good qualities where there is a destruction of the greater portion of the membrane tympani, with a filling up of the tympanic cavity with masses of granulations, or fungous growth, which is a fruitful source for the production of an astonishing quantity of pus. A case of this kind not unfrequently resists all treatment for months on account of our inability to put the parts in a perfectly dry state, which precludes the possibility of a development of pus. The process has become chronic and the symptoms remain the same from day to day. It has been suggested that if an acute inflammation could be engrafted on this chronic process it would cause a breaking down of this loose granular mass.

I cannot claim any specific action in cases of this class by the jequirity infusion. It is contended by good authority, that all suppurative processes are brought on by bacteria. If we can persuade ourselves to accept this theory, then the employment of an infusion like jequirity, may possess active properties besides simply starting up an acute inflammation. Farther than this I would not advance any theory as to the physiological action in chronic purulent inflammation of the middle ear. I will give the brief history of a few cases that I treated by means of the above infusion:

C. L., æt. 13, applied for the relief of a purulent discharge from the middle ear. The case was one of long standing, both membrani tympani containing large perforations. The middle ear was filled up by a mass of granulations that would bleed on the slightest touch. The auricle and auditory canal were red, tender, and were a little excoriated from the constant irritation of pus in which the parts were bathed. After a thorough cleansing, ordinary remedies, such as boracic acid in powder and in solution, absolute alcohol, simple cleanliness, etc., were used faithfully for three to four months without any results. It occurred to me to make an experiment with the jequirity infusion. The ear was thoroughly cleansed of pus and then filled with the infusion. A pledget of cotton soaked in the liquid was pushed down into the bottom of the meatus, which was allowed to remain until the next day, when it was removed and the same operation repeated. In the course of three or four days an exceedingly purulent and profuse discharge was set up, which, with ordinary cleanliness by means of the probe and cotton, ran its course and ceased in from ten days to two weeks. The tympanic cavity was now perfectly smooth and free from all the foreign tissue. All of the cases treated in this manner were such as would not yield to ordinary treatment. In none of the cases did I ever notice any bad effects; but the subject will bear further investigation.

Another class of cases in which I employed an infusion of jequirity, namely in gonorrhœa, again proves that its action is not limited to the mucous membrane of the eye lids: A. P., aged 24, laborer, by mistake strolled into the eye clinic where he applied for the relief of an acute gonorrhœa. Two weeks had elapsed since the time of exposure, and all the characteristic symptoms of the disease were manifest. The inflammation had extended back into the bladder causing frequent micturition, and a good deal of pain. The discharge was thick and creamy and very profuse. I prepared a two-per-

cent. infusion of jequirity and made an injection into the urethra throwing it well back; the patient held it there for about five minutes, and then allowed it to escape. The same operation was repeated and patient asked to return in twenty-four hours.

When patient returned next morning, the discharge if anything, had increased in quantity and thickness. A specimen of pus under the microscope showed the jequirity bacillus in large numbers in an active condition. The injections were again repeated, since the symptoms otherwise were about the same.

Twenty-four hours later, when the patient again presented himself, the organ was quite painful, the prepuce was very œdematous, painful and reddened to an alarming extent. I therefore stopped the infusion and employed a solution of sublimate to check the inflammation if possible. The discharge of pus was very free; but four to five injections with the above solution checked it very largely. Twenty-four hours later all the symptoms were rapidly getting less and the patient felt much easier. Injections of sublimate used same as on the morning previous, on the following morning the swelling had all disappeared, the discharge was gone, and the patient had no more vesicle irritation. What better could be asked? The result was perfect. But when the question is asked how was this result produced, then I will say, in order that I may not commit myself, I will investigate still farther before giving an opinion.

There has not been a therapeutic agent introduced in the latter half of the nineteenth century, that has been taken up by the general profession, as well as by the specialists, in so short a time as jequirity. In the course of a few months after Weckers' first article on the subject reports came pouring in from all parts of the globe. It was not expected that they would all be of the same tenor, nor were they; the result of some of the most accurate observers of the day were diametrically opposite. In one instance the remedy is perfectly harmless, and on the other hand serious damages have resulted from its use. I can not but co-incide with Prof. Seely, who thinks that in many instances the experimenter is at the bottom of his bad results. It has been found that an ophthalmia due to a specific virus, is not at all safe to use for the cure of granulations on account of the severity of the reaction caused by it. Why then use the jequirity infusion for as long a time, and so frequently until it sets up this objectionable condition? If such a severe reaction is brought about by a single application, we possess means to control it just as readily as we can antidote the effects of atropine. I fully agree with Sattler that the inflammation is caused by a microbe, but I can not endorse the suggestion that it is an infectious disease. Hippel, of Giesen,* shows that in many cases he was not able to excite a purulent inflammation, yet obtained good results. A great many of his observations were made on rabbits, which I think is not the best animal for the trial of this drug; his conclusions and deductions are not reliable, since a rabbit's conjunctiva will react to almost anything. He claims to have produced an ophthalmia with solutions of bichoride of mercury in the rabbit's conjunctiva, similar to the jequirity ophthalmia; any irritant may cause an inflammatory process if continued sufficiently long, but these experiments cannot be verified on the human subject; on the contrary, the effects are just the opposite with a solution of 1 part in 7,500. We cannot determine positively as yet in what class of cases jequirity will yield good results, or fail. The question of doing harm we will not consider, since that can be avoided. Instances where the infusion has been reported to be absolutely inefficient, the quality of the drug must have been at fault, in some way that we cannot explain. I may possibly soon be able to report on the action of jequirity seeds obtained from the different countries. The subject is a wide and fruitful one, and will bear further investigation.

* Graef. Archives 12–'83.

Hæmoglobin as a Therapeutic Agent.

By F. E. Stewart, M. D., Philadelphia, Pa.

THERE is a morbid condition of the blood which is apt to exist sooner or later in any disease, sometimes the result of the disease, and at other times its cause, which has received various names by various writers. This condition is characterized by a morbid diminution of the red corpuscles of the blood, and sometimes by a reduction of the mass of the blood. By some it is called anæmia and by others spanæmia. The reason for this discrepancy of terms is to be traced to our lack of knowledge concerning the blood condition to which the terms are applied. It is true that there is always to be found a deficiency of red corpuscles in this condition, the amount sometimes falling below the normal (120 to 130 in 1,000) to 70, 60, and even as low as 21 to 1,000, and for this reason it is naturally inferred that the diminution of the red corpuscles is the cause of the phenomena attending the anæmic state. But the question may be asked, is the condition one of deficient red corpuscles, or is it a lack of one or more of the constituents which the red corpuscles contain?

And, from a therapeutic standpoint, this question implies an important distinction, for if the condition is one of diminished red corpuscles our treatment must be mainly directed to the employment of means to restore them; but if it is a lack of one or more constituents of the corpuscles the administration of the wanting constituent is indicated. I have been led to adopt the latter view as the more correct one for several reasons. In the first place I have been very successful in the treatment of anæmic conditions with one of the constituents of the red corpuscles, the one, in fact, that gives to the corpuscles their vitality, viz., hæmaglobin; and in the second place an equal amount of the other constituents of the red corpuscles given in such cases will not produce the same effects if deprived of their hæmaglobin.

The most important function of the red corpuscles that physiologists have yet discovered is that of carrying oxygen. But it is to the power of hæmaglobin to hold a large portion of oxygen in its embrace that this function of the red corpuscles is due, and hæmaglobin has this property to equal extent when separated from the corpuscles. Its administration, therefore, places in the blood an agent capable of restoring its lost function of carrying oxygen, respiration is again established, and the slumbering vital fires are again aroused into activity. I can account for the peculiar therapeutic properties of hæmaglobin in no other way, and though I have not yet demonstrated my theory with scientific exactness

I think I have accumulated sufficient facts by experience, to prove the virtues of hæmaglobin as a therapeutic agent.

In January, 1881, I introduced sanguis bovinus exsiccatus to the notice of the profession through the columns of the New York Medical Record. This article is prepared by defibrinating fresh bullock's blood and evaporating it to dryness at a low heat. The dry powder contains a large percentage of hæmaglobin. While I was conducting the experiments in my laboratory at New York that led to the introduction of desiccated blood, Dr. Andrew H. Smith, of the same city, was engaged in his experiments with the fresh defibrinated blood as a means of supplementary alimentation per rectum, at St. Luke's Hospital.

Since the time of the introduction of sanguis bovinus exsiccatus I have had abundant opportunity to observe the effects of its administration both in my own practice and in that of others, and I have been particularly struck with the fact that the effects are all out of proportion to what might be expected from the amount given, that is, providing its virtues are to be entirely attributed to the value of blood as a nutrient. Indeed, I have often had excellent results in cases of pneumonia and in scarlet fever where the fever process had nearly done its work, and the patients were nearly exhausted, by the administration of a teaspoonful of the powder in solution given in divided portions, so that the patients took that amount in the course of eight hours. And in no case have I found it necessary to use more than two or three teaspoonfuls during the twenty-four hours.

Hæmaglobin may be prepared sufficiently pure for medical use by treating fresh bullock's blood with dilute hydrochloric acid (℥v. of the U. S. P. acid to water 1 fluid ounce) to prevent the formation of fibrin, and then evaporating to dryness. The product should be finely powdered and prescribed in solution. A teaspoonful of the powder three times daily will be found a sufficent dose for ordinary cases of impoverished blood.

Hæmaglobin prepared in this way has associated with it a small proportion of other proteids and the various salts of the blood. The product has an average composition of hæmaglobin, 85 per cent., 8 to 10 per cent. other proteids, and 5 to 6 per cent. salts, principally chloride of sodium.

Iron preparations, and pepsin, are synergists to hæmaglobin. While it is true that the use of hæmaglobin alone is sufficient in most cases, I have found that the effect may be sooner gained in others by using some preparation of iron in conjunction with it. And these cases have been those where iron had first been used with poor results, the patient then placed on hæmaglobin and improving during its use but slowly, and then the iron has been again added with excellent effect. I have had other cases where there seemed to be a want of power in the stomach to absorb the hæmaglobin, and in such cases I have succeeded in overcoming the difficulty by combining it with pepsin:

℞ Hæmaglobin, ʒ vj.
Pepsin, ʒ j.

M. Et in pulv. vj div. Sig. One powder in water, or wine, three times daily.

An excellent formula to be used in low states of the system, when a stimulant is indicated, is the following:

℞ Hæmaglobin, ʒ vj.
Pepsin., ʒ j.
Glycerin.
Spts. vin. gal., ♏ ʒ j.
Aquæ, ℥ jv.

Mix. Sig. Teaspoonful every three hours.

I have used this formula with excellent results in the height of fevers, giving at first a teaspoonful of the mixture every hour, and gradually increasing the dose, carefully watching the bowels to see that it is absorbed.

Another excellent formula which is pecularly serviceable in the case of delicate stomach, is this:

℞ Hæmaglobin, ʒ iij.
Pepsinæ, ʒ ss.
Ferri et quiniæ cit. ʒ j.
Glycerini.
Vin. xerici, ♏ ʒ ijss.

Mix. Tablespoonful at meal time.

If at any time it is desired to convert the proteids associated with the hæmaglobin, into acid albumen, the change may be readily effected by digesting the powder in about twenty times its bulk of water, with the addition of a small portion of pepsin, and at a temperature of 110° F. for about twelve hours. In this state it is more readily absorbed, but has the disadvantage of having acquired a bitter taste. For this reason I prefer to give the powder with the pepsin in cases where any difficulty of absorption is met with, and to trust to the stomach for the digestion. I do not think that in any case the hæmaglobin is absorbed until its associated proteids are converted into acid albumen. This would indicate the administration of pure hæmaglobin, and in cases where such difficulty is encountered it may be best to do so, but I have never yet failed in securing the absorption of the product, prepared as above, by giving it in one or another of the ways that I have described, and it possesses the advantage of cheapness, and is much easier to prepare than the pure article.

For all ordinary use it is sufficient to direct the patient to take a teaspoonful of the powdered hæmaglobin dissolved in water or wine three times a day.

A Case of Chorea Treated with Jamaica Dogwood.

By C. H. Woodcox, M. D., Coldwater, Mich.

SINCE the Jamaica Dogwood has come to be one of my favorite medicines, I wish to give you a brief history of my experience with the drug in a case of St. Vitus' dance, as follows.

On the night of December 8th, 1883, I was called to see Miss Maggie Thompson, of this city, age eleven years, of a nervo-bilious temperament. The affection proved to be a case of St. Vitus' dance, My diagnosis being made, I freely enquired into the history. I learned that she had been gradually getting worse for several months; that during the spring and summer she was first noticed as "not being just right," but the parents not being familiar with this affection, thought the child had contracted a habit of making the peculiar movements, and for a time reprimanded her for it. About the middle of October, however, they became somewhat alarmed, and concluded to consult a physician, who declared it a case St. Vitus' dance, and commenced treatment. But as the case proved somewhat tedious the

parents became further alarmed and changed doctors, after a three weeks' trial, and continued to change until three had been called in. On Dec. 8th, when I was called, the case had grown so bad that it was found almost impossible to keep the child upon the bed, even with the assistance of two or three at the bedside, there being such a violent involuntary motion of the entire body. At this time she had been confined to her bed about six weeks. Seeing there had been no benefit obtained from the former treatments conducted by reliable physicians, I was somewhat puzzled to know what to do, but after making a thorough examination and finding a temperature at 98-8° as best I could get, in axilla, and pulse varying from 80 to 84, with coated tongue, and foul breath, I determined "to work upon the secretions" as though there had never been any former treatment. There being a loaded condition of the urine and a dormant state of bowels, I prescribed acetate potash ʒ iij, water ℥ iv, of which I gave a teaspoonful every two hours, until the urine was cleared up. At the same time I give an "alterative powder" composed of leptandrin grs. xv. podophyllin, grs. vij., capsicum grs. ij; mix and make 12 powders; gave one every four hours. To keep my patient quiet I gave a mixture of chloral hydrate ʒ ij, bromide potash, ʒ ij, simple elixir ℥ ix., of which take a teaspoonful. This treatment I continued for one week, when I found my patient's system in very good condition. I then prescribed pyrophosphate of iron ʒ i, in simple elixir ℥ ij, of which I ordered a teaspoonful before meals three times a day. Also Fowler's solution ʒ i, simple elixir ℥ ij, of which a teaspoonful one hour after meals was ordered. Continued chloral and bromide as above. I kept my patient upon this treatment for 12 days without very much improvement. At this point I began to look around a little, for I well knew that I must begin to skirmish. After looking over the many remedies indicated in this case, I concluded to try the Jamaica dogwood. This, to my great amazement, I found to give prompt relief. My patient, when I commenced its use, was still in bed and the symptoms not much better. Involuntary motion was almost constant. I prescribed ʒ ss, of the Jamaica dogwood three times a day after meals, the last dose at bed-time. I at once omitted the hydrate chloral and bromide. The drug was commenced Dec. 28, 1883. I called to see my patient on the 30th (48 hours later), and to my greatest satisfaction I found her quietly lying in bed, and to all appearance resting without the least symptom of narcotism present. I unhesitatingly followed up with the Jamaica dogwood. At the end of eight days from the commencing of medicine my patient could stand upon her feet, dress herself without the assistance of any one, could walk across the floor, and had begun to feed herself. Twelve days later I visited her and pronounced her cured. Discontinued Jamaica dogwood and put her upon a mild preparation of syrup of phosphorus, as a restorative.

Chronic Alcoholism.

By A. Comstock, M. D., Silver Cliff, Col.

As very many cases of the "alcohol habit," are, perhaps too hastily, attributed to the advice of our profession it is but proper that we should invent methods of relief. A great many items go to make up the totality of the effects of stimulants to their utmost sequela, and we are expected to investigate them in detail, illustrate their characteristics and correct the habitual use of them, just as we combat any other disease. We may not be in a position to directly legislate upon the subject, but legislators will ultimately rest their theories upon our experience and accept our teachings. Von Bibra (Narkotischen Genussmittel und der Mensch"), states, in his prefatory remarks, that Chinese tea, is the beverage of 500,000,000 people, that haschish is used by 300,000,000, and opium by 40,000,000, and we may add that alcohol is indulged in to some extent, and in some form, by as many as all the above combined. It is not inexplicable then, that we should find many co-incidences, wherein it may be prescribed, and owing to some hereditary tendency, the habit become fixed from that date. Whilst there is a wide and contradictory difference in the conclusions of many able observers, as to the pathological conditions developed, all agree, that its habitual use to excess, degenerates man physically and mentally and pauperizes society. Its easy effects upon the stomach, resulting in gastric catarrh, morning vomiting ot drunkard, and thence carried to the liver through the portal system, often affecting the secretions, the kidney, the skin, the lung, then carried forward till it involves the connective tissue fabrics, the muscles, the neuroglia, the gray matter, and finally the whole constitution of the subject, so that general paralysis, or consumption, or Bright's disease, or melancholia, or cirrhosis, may follow in the wake of the habitual use of alcohol.

Based upon the action of sierra salvia (Rocky mountain sage), as observed by me, and many others of this locality, I founded my theory of using that remedy as an adjuvant in cases above referred to. Especially was I induced to consider it formally, in those cases, which involved the middle stages of alcoholism, or when the liver, kidneys, skin and lungs exhibited symptoms of the habit, because I regard the above mentioned drug, as peculiarly adopted to the treatment of lesions of those organs, when suffering from any constitutional disease. Further, I am of those who believe that it is not wise to withdraw stimulants at once, from these unfornates, but that we must find some gradual substitute, and let our patients down easily, as nature has taught us in the history of any malady which has diverted the natural habits of their physiological processes. In the few cases, I have had under treatment (only three), I have therefore followed about this plan, namely, to combine some form of alcohol, with the infusion of the sage made either from the fluid extract, or directly from the leaves. In the outset I use a sufficient quantity of alcohol to fairly give a tonic effect and gradually reduce the amount until the patient acquires a taste for the bitter peculiar to the sage. I have also accustomed the patient to a combination of the acid of lemon and sage and alcohol.

So far my experience has been that the patient is well sustained and in the course of a mouth the alcohol is entirely withdrawn, and after a succeeding month the sage tea also is dispensed with, excepting so far as the patient may require it for a tonic in the morning. The final effect is to secure a normal digestion, and a renewed vigor of the capillary cir-

culation. I regret that my field of observation is so limited, but am firm in my belief that it may result in an advance in the treatment of these unfortunates. My acquaintance, formerly, with cases coming to the state asylum of Binghamton, N. Y., has made the subject an interesting one, and possibly the more systematic use of sierra salvia which can be observed in large or small institutions, where such cases are aggregated, may teach the profession some method to stimulate their condition.

Salicylic Acid and Acetate of Potash Treatment in Acute Inflammatory Rheumatism.

By W. H. Dearing, M. D., Malvern, Iowa.

AN article from the pen of Dr. Barlow, of Eaton, Ill., in the January number of the Gazette, relative to the efficacy of the salicylic acid treatment in the above disorder was read by me with pleasure, and calls to my mind one of the first cases which came under my charge after I had begun the practice of medicine.

Was called to see Mr. C., a very large, robust man of 30 years, who had never been sick enough to be confined to his bed previous to this attack. Found him stretched upon the bed and utterly unable to move Temperature 103°, pulse 120, tongue strawberry red, his joints, from his shoulders to his toes inclusive, were swollen, inflamed, and so painful he could not bear the weight of the bed clothes.

Diagnosis: acute inflammatory rheumatism, brought about by wet, damp and chilly weather, to which he had been very much exposed. Wrote for him as follows: Morphia sulph. gr. ¼, which take at once, and the following for which I am indebted to Dr. J. D. Blake, of Palmyra, Iowa, and in whose hands it has been very successful:

℞ Acid salicylici,
Potassii acetatis, ℥ 3 iij,
Syrupi simplicis,
Aquæ, ℥ 3 ij.

M. S. Teaspoonful each two hours. As an application to the joints the following:

℞ Aquæ ammoniæ, 3 ij,
Copaibæ,
Chloroformi, ℥ 3 j.

M. S. Moisten absorbent cotton, and apply to joints affected, five minutes of each hour for six consecutive hours.

I called again the following day, found my directions had been followed accurately and the patient able to sit up. In addition he could move his joints with considerable freedom. Made no change in medicine, except the addition of a cathartic. Called next day following. Patient very much better. Ordered the prescription refilled, and to be taken as before. Called the second day thereafter and discharged the patient cured.

I have since used the same treatment in numerous like cases, and it has never yet failed me, but I have tried it in chronic rheumatism without good results. In acute cases slow to respond, I have previous to this treatment, given potassæ bicarb. to the amount of ninety grains in fifteen-grain doses every two hours, the result being quite satisfactory.

While I do not hold this treatment "a specific for acute inflammatory rheumatism, as quinine is for malaria," I do hold that when properly given it will not disappoint its prescriber, and to the experience of Dr. Barlow, Dr. Blake and numerous professional brethren I gladly add mine, hoping that some one may be benefited thereby.

Iodide of Potassium and Gelsemium in Spasmodic Stricture of the Urethra.

By D. P. Duncan, M. D., Waynesboro, Ga.

I HAVE met in my experience with two cases of urethral stricture, which I had been treating by dilatation, and which suddenly became impermeable. I had employed in each a No. 10 catheter, but after the spasm found it impossible to pass an instrument of the smallest size. I placed these patients on iodide of potassium and fl. ext. gelsemium, ten grains of the former and five drops of the latter, three times a day. Under this treatment the irritability of the urethra was found at the end of a week to have entirely disappeared, and further obstacle to the passage of the catheter no longer existed.

I would state in this connection that I have found that dilatation is facilitated by smearing the bougie with an ointment composed of ungt. hydrarg. nit. 10 grains and simple cerate 60 grains. In addition I apply externally over the course of the urethra tincture of iodine diluted with equal parts of alcohol. This use of mercurial ointment and iodine I learned from the now venerable Dr. Samuel D. Gross, twenty-five years ago. I can from the experience of all these intervening years strongly commend it.

Hospital Reports on New Remedies.

From Charity Hospital, New York City.

Lippia Mexicana.

By W. S. Gottheil, M. D., New York.*

ELLEN MURPHY, æt. 38, Irish, widow, domestic. Admitted Sept. 5, 1882. Phthisis, second stage. After varying treatment, on Nov. 1, she was for her cough, etc., put on eucalyptol (Merck's) gtt. v, t. d., and ordered to inhale it from a respirator, two hours morning and afternoon.

Nov. 2. Cough somewhat easier.

Nov. 7. Cough slightly improved. Thinks it does her chest some good. Eucalyptol increased to gtt. x, t. d.

Nov. 18. Feels a certain amount of improvement; cough not nearly so hard. Dyspnœa considerably improved. Eucalyptol stopped, and patient put on ordinary treatment.

Jan. 9. Again put an eucalyptol, gtt. v, morning and noon, and gtt. x. at night. Cough is very distressing, as also is pain in left side. Ordered blister to side.

Jan. 17. Eucalyptol increased to gtt. xx t. d. Thinks it undoubtedly does her good. She coughs less and feels "lighter" inside.

Jan. 24. Cough remains improved. Supply of eucalyptol here gave out and patient was put on lippia Mexicana 3 ss, t. d., with general treatment.

*House Physician Second Medical Division Charity Hospital, New York.

Jan. 27. Cough very soft and easy. Lippia does not do any better than eucalyptol. Stopped.

Feb. 28. Patient put on cheken, ʒ j, t. d., for cough, which keeps her awake an night.

Mar. 2. Slight result, cough a little softer.

Mar. 3. Cough very hard.

Mar. 5. Cheken may do a little good, but not nearly so much as eucalyptol, or lippia.

Anna Lawrence, æt. 53, Irish domestic. Admitted Oct. 25, 1882. Patient is suffering from an aortic obstructive cardiac lesion and phthisis, third stage. Nothing is worthy of note in her history till Jan. 10, 1883. At that time she was suffering much from cough and profuse expectoration. No fever. She was put on eucalyptol (Merck's) gtt. v, t. d., and all other treatment stopped.

Jan. 17. No effect from eucalyptol. Slight rise in evening temperature. Ordered cinchonidiæ sulph., gr. x, t. d., and eucalyptol gtt. xx, t. d.

Jan. 20. Cough very bad, breath short. Eucalyptol increased to gtt. xxx, t. d.

Jan. 23. Eucalyptol a failure in her case. Has not done any good, Ordered stopped.

℞ Conc. tr. lippia Mexicanæ, ʒ ss t. d.

Jan. 24. Condition the same. Lippia increased to ʒ j, t. d.

Jan. 31. No improvement. Continue treatment.

Feb. 3. Lippia stopped; it has not improved her cough at all.

Feb. 7. Complains much of dyspnœa, for which ordered quebracho ʒ ij, t. d., and all other treatment stopped.

Feb. 8. Medicine did her much good. She feels much better and breathes easier.

Feb. 10. Improvement continues. Continue quebracho.

Patient died March 5, worn out by a gastritis which set in soon after last note.

Fred Johnson; æt. 33, single, German, waiter. Admitted Nov. 2, 1882. Patient cought cold last July, and has suffered since then from the ordinary symptoms of phthisis. Examination shows the right apex to be slightly affected. Treatment presented nothing special until Jan. 22, 1883, when, for the relief of his distressing cough, he was put on conc. tr. lippia Mexicana, gtt. xxx, t. d.

Jan. 25. Thinks he expectorates more freely. Lippia increased to ʒ j, t. d. Temp. 101½°. Night sweats bad.

Feb. 1. Medicine has not relieved his cough at all and it was ordered stopped. Put on anodynes, etc., with slight improvement. He went out on pass on Feb. 8, and did not return.

Mary Agnew, æt. 58, domestic, widow. Admitted November 20, 1882. Patient is suffering from phthisis, third stage. The symptom which gives her the most trouble is the dyspnœa, which comes on in paroxysms at varying intervals. On January 10, she suffering considerably from dyspnœa, with much cough and expectoration, was ordered eucalyptol, gtt. v, morning and noon, and gtt. x at night.

Jan. 17. Dyspnœa just the same. Ordered eucalyptol gtt. xx, t. d., and a special of bismuth, chloroform and morphia for her diarrhœa.

Jan. 20. Thinks the drops have done her much good, but more as a carminative than as anything else.

Jan. 24. Eucalyptol, which stopped the cough at first somewhat does not seem to do any good now at all. Ordered conc. tr. lippia Mexicana ʒ ss t. d.

Jan. 27. Cough considerably better. Likes the medicine very much.

Jan. 29. Cough very easy. Continue lippia.

Feb. 1. Lippia stopped.

Feb. 28. Has coughed a good deal lately, for which ordered fl. ext. cheken, ʒ j, t. d.

Mar. 1. Cough bad. Can't say that cheken has done her any good yet.

Mar. 3. Cough better, softer and easier.

Mar. 5. Cheken, she says, is the best cough medicine she has ever had. It softens and eases the cough. Good result.

Mary Singleton, æt. 28, Irish, single, domestic. Admitted November 28, 1882. Patient is suffering from phthisis, third stage, and tertiary syphilis. Her general condition is very poor, indeed, she having abundant night sweats and some diarrhœa. The rectal mucous membrane is everted, and the gut protrudes at least four inches from the anus at times, the anal ring, perineal body and recto-vaginal septum having been destroyed by tertiary ulceration. She was treated in various ways with but little success. On January 9 she was put on pill of sulphate of copper for her diarrhœa and gtt. x eucalyptol (Merck's) t. d., for the violent cough and expectoration.

Jan. 11. Diarrhœa better; cough unimproved. Ordered eucalyptol gtt. xx t. d.

Jan. 19. No improvement in condition from the eucalyptol, which was ordered stopped.

Jan. 24. Complains much of cough by day and night.

℞ Conc. tr. lippiæ Mexicanæ, ʒ ss, t. d.

Jan. 27. Cough and tickling in throat no better. Could not sleep at all last night. Lippia increased to ʒ j t. d.

Jan. 29. Cough no better. Lippia stopped.

Patient died February 12, 1883.

Mary McDonald, æt. 31, Irish, widow. Admitted Dec. 27, 1882. Patient has phthisis, second stage, to a slight degree. Ordinary treatment was resorted to.

Jan. 22. Cough very bad. Temperature normal. ordered fl. ext. yerba santa, ʒ j t. d.

Jan. 23. Took one dose of yerba, which made her vomit. Stopped and ordered:

℞ Conc. tr. lippiæ Mexicanæ, gtt. xxx, t. d.

Jan. 24. Thinks cough is better, and expectoration more free. Lippia increased to ʒ j, t. d.

Jan. 27. Coughed a good deal last night.

Jan. 29. Lippia increased to ʒ ij, t. d.

Jan. 31. Cough doing very nicely, but complains much of night sweats and distress around heart, etc. Ordered poultices.

Feb. 1. Lippia stopped. Good result; cough getting softer every day. Ordinary treatment was then resumed.

Michael Coulin, æt. 37, Irish, laborer. Admitted Dec. 28, 1882. Patient gives a history of phthisis, and examination reveals consolidation at the right apex. At the time of his admission he was suffering a good deal from pain in the chest and cough. He was treated with bromide of potassium, chloral, expectorants, etc. Iodine locally, without marked result. General condition was fair, and there was no fever.

Jan. 22. Complains much of headache, caused by

the violent fits of coughing to which he is subject, and which keep him awake a great part of the night. All other treatment was stopped and he was ordered lippia Mexicana, ʒ ss. t. d.

Jan. 25. Cough somewhat better. Continue treatment.

Jan. 29. Does not cough nearly so much; expectorated more abundantly, but with very much more ease. Feels sure that the medicine is relieving his cough. Lippia increased to gtts. xl, t. d.

Feb. 1. Cough quite slight; general condition good. Discharged.

John Falvey, æt. 52, Irish. Admitted Jan. 3, 1883. Patient had caught a severe cold some two weeks ago, and has suffered since then from his present trouble. Examination revealed simple bronchitis of the larger tubes. Treatment, expectorants.

Jan. 22. Not much better; cough troublesome.

℞ Conc. tr. lippiæ Mexicanæ, ʒ ss, t. d.

Jan. 25. No better.

Jan. 29. Says that the medicine makes his teeth ache. Cough is no better, and expectoration very difficult. Treatment was then changed to mist. glycyrrh. co.

Feb. 1. Discharged, somewhat improved.

Josephine McMahon, æt. 21, U. S., Domestic, single. Admitted Jan. 4, 1883. Phthisis, 3d stage. Marked cavities at right apex; general condition very poor; hectic marked; night sweats diarrhœa, etc. After various treatment she was, on Jan. 10, put on eucalyptol gtt. x. at night.

Jan. 12. Complains of pain in right side for which ordered poultice.

Jan. 20. No marked effect on cough, expectoration or general condition from eucalyptol, which was increased to gtt. xx. at night.

Jan. 27. No result at all, eucalyptol stopped; and patient put on

℞ Conc. tr. lippiæ Mexicanæ, ʒ ss. t. d.

Jan. 29. Cough no better. It troubles her a great deal, especially at night. Lippia increased to ʒ i. t. d.

Jan. 30. Cough very bad indeed. Lippia useless. Stopped.

From that time until patient's death, Feb. 19, treatment presented nothing of interest.

Cornelius O'Connell, æt. 49, Irish, single, painter. Admitted Jan. 18, 1883. Patient has been in hospital for some months as a workman. For two years past has suffered from cough, pain in chest, night sweats, etc. Examination reveals marked consolidation at the right apex. At the present moment he complains chiefly of a severe cough, which keeps him awake at night.

℞ Conc. tr. lippiæ Mexicanæ, fld. gtt. xxx. t. d.

Jan. 25. Cough about the same. Treatment continued.

Jan. 29. Cough not much improved. Dose of lippia increased.

Feb. 1. Ready to go to work again; cough easier. Moderate improvement.

On account of the departure of the Senior Editor, Dr. Pilcher, for Europe, and the expected departure of his colleague, Dr. Fowler, on a similar trip later in the season, the publication of the Annals of Anatomy and Surgery has been suspended. The promise is given us that if circumstances shall seem to warrant its resumption with the beginning of another year, due notice will be given. We sincerely hope that the "circumstances will warrant," for permanent suspension of this classic publication would be a serious loss to American periodical medical literature.

Reports on New Remedies.

From Private Practice.

Nitro-Glycerine in Angina Pectoris.

By C. C. Kingsbury, M. D., Brighton, Mich.

MAY 3. Mrs. F., aged about 36, mother of four children, has suffered since birth of youngest child, now nine years of age, with pain in left side near heart, with palpitation of heart, etc. Pronounced by some physicians "heart disease," by others "consumption." Has received no benefit from their treatment, and no encouragement; said to be incurable. Pain at times so intense as to make life undesirable. Has not rested on left side in years. Has pain also in small of back, but little strength, distress after eating, heart feels worse after eating, variable appetite, gloomy, despondent most of time, very little cough, tired, wistful look in countenance, kidneys disordered, albumen in large quantities, etc. Found respiratory murmur weak but no tubercles. The heart was the precise location of acute pain. Prescribed nitro-glycerine pills, one three times per day, gradually increasing to six in the 24 hours. Ordered also pad of fenugreek and salt to be worn over heart for relief of pain around heart (angina pectoris).

May 17. Patient's improvement has been a surprise to herself and friends; pain all gone, except when very tired, when there is a slight return of it; complexion clearer, has lost to great extent the tired look, appetite improved, rests better—better every way.

June 3. Pain seldom troubles her. "So much better," she says, "I cannot understand it. Been under other treatment so many years without benefit, and now, with no blistering, no mercury, no quinine, no opium, but instead by a few remedies, easy and pleasant to take, I am made comfortable!"

July 10. Continues comfortable; gaining strength; working hard, harvest time. Only takes nitro-glycerine pills when very tired.

October 6. "I do not call myself sick any longer. I think I am well." Has had 200 pills; orders another hundred in case pain should return.

April 10. Mrs. F. sorrowing under severe affliction and with it a return of the pain. Takes pills again; at first did not give relief as before, but continued them for a few days, then occasionally for a few weeks, and regained the good health she had enjoyed for the past 11 months.

August 3. Mrs. F. continues free from the pain; once in a great while, upon overtaxing her strength, she feels a slight twinge, but nothing like the former intense, wearing pain. In her own words, "I feel well, my appetite regular, my digestion perfect, can rest on left side as well as my right, sleep soundly, awake refreshed, no more of the worn-out feeling, no more pain in my back and heart, no more of that terrible pain in my side, no more trouble with my heart—in fact, I feel well." This was the last I heard from her directly; have heard through her husband within a few days that she is well.

Euphorbia Pilulifera in Asthma.

By M. Matheson, M. D., Aramac, Queensland, Australia:

I ENCLOSE a note which I have received from one of the leading chemists of Central Queensland, whom I treated some two years ago. Find also an extract from a private letter received from another patient, Mr. Milman. Mr. Milman was for two years Police Magistrate in Aramac. He was previously in the British Navy, but was obliged owing to asthma to resign his commission. On his removal from here to Cooktown, on the coast of Northern Queensland, his enemy returned. Without entering into further detail I will only state that further experience with E. pilulifera but confirms my very favorable opinion of its value in asthma, while I have also found it excellent in the forming stage of bronchitis, common cold, etc. I enclose also a drawing of the plant, which you may find of sufficient interest to warrant its reproduction.

Mattaburra, Sept. 25, 1883.

"With regard to the value of the Queensland herb, euphorbia pilulifera, its efficacy in the treatment of asthma, bronchitis, coughs, colds, etc., I beg to make the following few remarks: I have found the tincture and concentrated decoction of great benefit indeed in promoting easy breathing and soothing the bronchi when in a state of inflammation; in fact in many cases where nothing else would do any good. In my own case I am very subject to the least cold which always flies to my lungs, which have been very susceptible ever since I had a severe attack of bronchitis about 12 months ago, and nothing of all the best known drugs and preparations ease me, and clear it away like the tincture of the euphorbia pilulifera. Its effects on patients suffering from asthma also, is almost magical, in instances where all known remedies have failed to alleviate their suffering a few doses of the tincture have completely cured them. It is a remedy I am sure which must ultimately become greatly used, and when better known I feel assured will almost entirely supersede all the present known remedies for such cases. Its value cannot be over estimated.

Signed. G. S. Wragge,
Chemist and Druggist,
Member of the Queensland Pharmaceutical Society."

"I had my old enemy asthma come back (which had lost since I went into the dry western air) directly I returned to the coast. I determined to try the euphorbia pilulifera, and one small bottle has effected a perfect cure.

"HUGH MILMAN,
"Police Magistrate, Cooktown."

Cascara Cordial, Damiana, Drosera Rotundifolia, Jamaica Dogwood.

BY J. TRUEMAN DAVIS, M. D., GRAHAM, IND.

IT has been my custom in a practice of twenty years, to carefully discriminate between the effects of medicine on the system, the symptoms of the disease and the beneficial action of nature in her efforts to set herself right when disturbed. As a result of these years of observation my faith in the efficacy of drugs, properly administered, in properly selected cases, has not been shaken. This observation has, moreover not led me to unduly suspect a drug for no better reason than that it is new, although I have discovered no reason for completely discarding an old remedy for a new, until the latter has proven itself of superior merit.

Cascara Cordial.—Having in my own case been for years troubled with piles, largely traceable to habitual constipation, I was led, after unsatisfactory results from the use of the older materia medica, to test the claims made for cascara sagrada in this condition. I accordingly procured a bottle of the Cascara cordial, which I faithfully employed as per directions. The result of this single bottle was extremely satisfactory. The mild laxative action, with all absence of tenesmus, and the tonic properties of the cordial were just what was needed in my case, and the result of the continued use of the medicine is regular evacuations and absence of hæmorrhoids.

Damiana.—I have come to regard this drug as a very valuable one in spermatorrhœa. I do not think it exerts any specific action in this condition, but it is undoubtedly a very direct tonic to the sexual apparatus, and in this manner assists in the removal of the cause of this distressing symptom.

Drosera Rotundifolia.—My experience in the use of this drug as a remedy in whooping-cough, warrants me in asking for it a thorough trial at the hands of the profession.

Jamaica Dogwood.—A patient 48 years of age, of full habit and irritable stomach, consulted me for severe facial neuralgia. He could not tolerate an opiate given for temporary relief, and I according placed him on Jamaica dogwood. The result demonstrated the pronounced anodyne properties of the latter. I regard it as most assuredly destined to receive a permanent place among our list of narcotics.

Eucalyptus as a Prophylactic and Therapeutic Agent in Diphtheria and Malarial Fever.

BY STEPHEN F. DUPON, M. D., FT. HARRACK, GA.

HAVING noticed in the Medical Record, of the 5th inst., an abstract of an article from the London Medical Record, in which is reported thirty-seven cases of diphtheria treated by inhalation of the fumes of the blue gum tree leaves, I am induced to report further my experience in the use of this remedy:

In September, 1881, I reported a series of cases of diphtheria in which I used this treatment for those affected with the disease, and as a prophylactic against the contagion in the case of those who were exposed. The disease occurred in an institution in which there were 65 children, nineteen of whom were almost simultaneously attacked. A prompt recourse to eucalyptus in the form of a mouth-wash or gargle, and given also internally, prevented further spread of the disease and resulted in the recovery of eighteen of those attacked. Soon after a very severe case of diphtheria occurred in a house in which there were five children. Under the use of this drug I was enabled to confine the disease to the one originally attacked.

I would state it as my opinion, based upon observation and belief, that diphtheria is due to the entrance into the system of a microbe, the multiplication of which can be prevented by the use of antiseptics, among which I hold eucalyptus to be one of the chief, and certainly the one which is best adapted in diphtheria. Given internally in combination with the acetate of potash, I believe it possible that the materies morbi may be eliminated through the kidneys. Certainly this combination has proved an excellent one in my experience.

It is very necessary to the successful application of the eucalyptus to the throat, that the child should have been previously educated to submit to examination, and I hold that it is the duty of the practitioner to inculcate the necessity of such education in families in which he is the medical attendant. The child thus educated when it is well, offers comparatively little resistance to the application of remedies to its throat when diseased. The chances of such a one's recovery from diphtheria are very much better than in the case of a child whom you cannot treat without a struggle.

Touching the prophylactic power of eucalyptus in malarial fever I would report the case of a religious institution in which the inmates had been annually prostrated with malarial fever, at about the same season for eight successive years. I administered last year, to each from five to ten drop doses three times daily, of the oil of eucalyptus. The result was that not a single one of the regular inmates of the institution suffered from an attack of malaria, and the only attack which occurred was in the case of a new arrival who did not make use of the remedy.

Jamaica Dogwood.

BY E. A. JONES, M. D., PORTLAND, OREGON.

I HAVE been acquainted with this drug and many of its medicinal properties for many years. I first met with it in its native state in the year 1847–8 on the island of St. Vincent, in the West Indies. It is there employed by the natives, as has often before been stated, to stupefy fish in the streams. Its effect is to induce complete paralysis of the fish, without, however, affecting their edible properties. I have, myself, often eaten of fish thus caught, and have also restored to life and activity many which had been apparently killed by the dogwood.

The tree grows on St. Vincent, along the banks of streams, and although it is found in all parts it is

most abundant in the eastern part of the island. The natives are not unfamiliar with its properties as an anodyne, for which properties they employ it in painful affections. It is a valuable addition to the materia medica, and time will demonstrate that it is an efficient substitute for opium in many of the conditions in which the latter is now used.

Rhus Aromatica in Enuresis.

By Elmore Palmer, M. D., Boulder, Col.

GEO. F. æt. 15, has wet his bed nearly or quite every night since his birth. Been "treated by everybody with everything," so his mother said; and she as well as the patient had given up all hopes of any relief. I prescribed 15 drops of P. D. & Co.'s fluid extract of rhus aromatica in a little syrup tolu after each meal, and two doses of same before bed time, one hour apart, making five doses a day. At the end of eight days all trouble had entirely ceased. I then omitted the remedy for a week to see if the enuresis would return, which it did not, but to make all things safe I gave the remedy a week longer in same dose and stopped. This was two months ago, and there has been no recurrence of the trouble. The patient is happy and his mother joyous.

Cheken in Chronic Cough.

By F. G. Hackleman, M. D., Rushville, Ind.

HAVING a patient on hand who had suffered from a cough, off and on almost almost all his life, and especially in the winter months, I determined to try cheken on him. Commenced by giving drachm doses in water every four hours. He had only taken three doses when he remarked that it was doing him more good than anything that he had ever taken. Continued the remedy at longer intervals for several days. The cough improved rapidly, and finally disappeared altogether.

Since the above I have used cheken in a case of phthisis, with the effect of easing the cough and lessening the expectoration.

Have also used it with benefit in the sympathetic cough which occurs in adults who are associated with children suffering from whooping cough.

Lippia Mexicana in Acute Catarrh of Respiratory Passages.

By Cravan Bosley, M. D., Vermont, Ill.

SOME two years since a sample of lippia Mexicana was left at my office with a request that I test its properties. I administered it in a case of acute nasal catarrh, with such effect as to lead me to secure a larger supply for further use. Without entering into the details of the cases in which I have employed this drug, let it suffice to state that I have come to regard it as a demulcent and anodyne expectorant, of superior value in acute catarrhal inflammation of the respiratory passages. The high state of febrile excitement which may accompany these acute attacks, does not contra-indicate its use. I have, indeed, seen diaphoresis and speedy defervescence to follow its employment in decided doses.

Translations.

[All articles signed "T" are translated for The Therapeutic Gazette by C. W. Tangeman, M. D., Cincinnati.]

Hydrastis Canadensis in Gynæcological Medication.

[Translated from a lecture delivered before the gynæcological section of the Congress of German philosophers and physicians; held at Freiburg, 1883. By Professor Schatz, Rostock, Germany.]

Operative gynæcology has marked an epoch in the history of surgery. Many and brilliant have been the achievements of the gynæcologists in the past 10 or 15 years. But these triumphs have caused a sad neglect of the medical treatment of uterine diseases, possibly often only because of the rapidity and brilliancy of operative interference. I acknowledge the usefulness and success of operations. Do not shun or hesitate to perform any operation when it becomes absolutely necessary or promises better results than other plans of treatment. I am of the opinion that now after the use of the knife has progressed to such an extent as to remove organs that are almost necessary to existence, we should turn our attention to other plans and modes of treatment. I do not doubt that many operations of castration, intra-uterine scrapings, etc., etc., that are now made, will be found to yield to other means besides the knife. Such cases as functional disturbances of the uterus and ovaries, menstrual anomalies, direct or reflex, pathological conditions due to congestion, are most likely to be largely benefited and are therefore cases that we shall and must try to relieve without the knife. Clinical observations in some of these cases where change of climate, change of life, proper hygienic and dietetic principles are carried out, have shown that there is a possibility, yes probability, that we can give relief by not operating, and often record better results than where the knife is employed. While I want to make further observation before I will lay down definite rules concerning the treatment of this class of cases, I can report my results with the use of a drug to which my attention was first called by American literature. In every instance where my colleagues have employed the remedy at my suggestion they give the same opinion that I can render. I was simply astonished at its effects. The medicament is called "hydrastis canadensis," of which I nearly always used the fluid extract from the laboratory of Parke, Davis & Co., Detroit, Mich., U. S. A. I have employed this remedy in 50 cases up to the time of writing and have found about two-thirds of this number to be acted upon very pleasantly. I will give the clinical history of these cases just as it is found in my records, and then give a short resumé of my results. Hydrastis canadensis, also called "golden seal" in America, is especially indicated in affections of the mucous membranes; it may be applied locally or given internally. It seems to act on these membranes by contracting the vascular system. In genital affections its action is evidently not limited to the mucous membrane of the uterus; it appears as though its action is to relieve the congestion of the genital organs generally, and in a manner different from secale. In many particulars the action of the two remedies is not unlike, but not unfrequently hydrastis

is efficient in cases of hemorrhage where ergot is powerless, or even a positive injury, as also in some cases of myoma. It appears to me that we can attribute the action of hydrastis to the contraction, pure and simple, of the blood vessel walls thereby lessening the congestion of the genital organs, while secale spends its action on the muscular fibres of the uterus. In the non-gravid uterus the continuous administration of hydrastis causes a retardation of the menstrual period with a diminution of the amount; it causes the pain to be less; even in menorrhagia and dysmenorrhœa of virgins, without any local causes, the pain is absent. Its action in myoma is often quite remarkable. Hemorrhages caused in this manner, diminish very much or disappear entirely after the use of hydrastis even where Bombelon's ergotin had been employed most energetically. I have observed a number of times that where hydrastis had been administered to virgins for menorrhagia, normal menstruation set in, and occasionally the catamenia did not make their appearance for one, two or months. I must not fail to mention here in this connection that to produce this result it was not unfrequently necessary to administer hydrastis for a long time, while I have also known the remedy to fail entirely in some cases. It will require some time for observation yet. I have not yet arrived at that stage where I can positively judge whether the action of the drug will be favorable in a certain case, or whether it is contraindicated. This much is clear and positive that hydrastis is a valuable addition to the gynæcological armamentarium. Allow me repeat that I also employ all the other remedies, as well as make use of the operative procedures whenever they are indicated. If I give hydrastis I use the fluid extract in 20-drop doses four times a day, and not only while the hemorrhage continues, but by preference about one to one and one-half weeks prior to the time that the menstrual period sets in, especially in the congestive form. If a very efficient action is desired it may be continued from one period to the other. Small doses are often without results, while very much larger ones are too active. Secondary effects are but very seldom noticeable, except that it has a tendency to increase the appetite. In cases where the real cause of the disease remains the effects are often only temporary. In nervous or congestive disturbances the effect does not pass off so rapidly, and when combined with other suitable remedies we very often succeed in bringing about a permanent cure.

Cases (the numbers have reference to my journal numbers, which are given instead of the name):

Myoma.—1480. Multiple myoma together about the size of a highly gravid uterus, in a patient 50 years old without children (two abortions). Cavity of the uterus was about 20 ctm. long; in 1874 two mucous polypi were removed from the cervix uteri, since the consent to a radical operation could not be obtained, without results. Ergotin, subcutaneously, increased the flow of blood, but after the employment of hydrastis, intervals of eight to ten weeks occurred, when it ceased entirely. But hydrastis was not administered continually. Occasionally it was found necessary to make an intra-uterine injection. No remedy, either local or given internally, was so efficient as hydrastis. The secondary effects of hydrastis were only good; the appetite increased, pains in the abdominal region ceased and the urinary secretions were more regular.

4566. 52 years old. Multiple myoma of the uterus about the size of an adult head. Cavity of the uterus was 15 ctm. long. Four confinements. Hemorrhages for two or three years, but especially during the last three months, when there were but very short intervals. Subcutaneous injections for six weeks practiced twice a day, were without results. After hydrastis had been taken two weeks, the catamenia made their appearance in 28 days, without pain and about the normal quantity of blood, and 28 days later scarcely a trace made its appearance. Hydrastis had been used continuously.

4111. Tumor about the size of an egg in the posterior wall of a retroverted uterus. Menorrhagia. Scraping the cavity with a curette was of no avail. Hydrastis brought about normal menstruation after it had been administered for nearly six months.

4226. 49 years old; married; had not been pregnant for 26 years. Intramural myoma about the size of two fists. Constantly increasing in size for the last three months in spite of ergotine injections. Probe could be passed 13½ ctm. Spent the summer 1882 at "Kreuznach," at a summer resort, where menstruation at first was normal, while later it increased very much and continued for a long time. During March, 1883, hydrastis caused a cessation of the hemorrhage. After that there was one more period, but the flow was very scanty and had not appeared again up to the time of writing (August).

4395. 44 years old; virgin; large multiple myoma. Probe passes to the depth of 13½ ctm. Menstruation appears every two and one-half weeks, lasting four to seven days each time. After the administration of hydrastis for 15 days the menstrual periods appeared every 28 days.

Congestive Dysmenorrhœa.—4595. Virgin, 28 years old; complains of congestive dysmenorrhœal difficulties so as to confine her to her bed. All of the ordinary remedies, change of climate, resorts, medications, everything had been tried without any good results. Hydrastis was now given and the relief was almost immediate and permanent.

Hæmorrhage in Virgins.—4216. Child, 13 years old. Menstruated every two or three weeks, continuing sometimes for seven days, causing anæmia and general debility on account of the loss of blood. Hydrastis retarded the appearance of the menses to from four to seven weeks and then it continued only four days.

4545. Virgin, 23 years old; very anæmic. Complains of the menstrual period appearing too often, and lasting too long at a time. The curette was used, but the complaint remained about the same. Hydrastis administered about one week before the appearance of the menstrual period caused it to be more scanty and in three months from that time the flow was less than normal.

4317. Virgin, 35 years; complains of severe menorrhagia. The condition is not benefited by the use of the curette, but the mucous membrane was not removed by these scrapings, but the employment of the hydrastis brought about a general improvement of all the symptoms.

899. Following dilatation of the uterus, which was made for the relief of mechanical dysmenorrhœa, a bloody secretion made its appearance, which

continued for six weeks. Hydrastis given for two weeks, did not seem to have any effect; therefore the dose was increased, and continued for six weeks, with the result that the menstruation did not appear for three months, and later on the flow was only scanty.

4401. Virgin, 30 years old. Catamenia always strong. Appeared every four weeks, but they produced general anæmia, since they continued for six days. The curette was of no benefit. Hydrastis caused a diminution of the flow to one-half of the former quantity.

Hæmorrhages due to parametritis, cicatrices and contractions.—4553. Fixed retroflexion, patient 42 years old; has been confined six times. Complains of severe endometritis. Menstrual periods continue for seven days. The curette is of little or no service, and ergot subcutaneously is resorted to.

After a thorough trial of that without any good results, hydrastis is administered which acts very slowly, but succeeds in retarding the periods so as to appear only every five weeks.

4228. Retroversion with adhesions. Causes severe menorrhagia, which is not benefitted after the subcutaneous use of ergot for six months, and the use of the currette. After the use of hydrastis a few times the periods occured every four weeks, and lasted two and a half days, and were scanty at that.

4262. Adhesive retroversion after the second confinement; excessive menstruation. Hydrastis controls this irregularity, and reduces it to a normal flow, appearing every three and one-half to four weeks, and lasting for three to four days, without causing any unpleasant symptoms.

Hæmorrhage from incomplete involution of the puerpal uterus.—Policlinic V. After six confinements the last of which occurred three years ago; patient 37 years old. Abortion occurred six months ago, ovum of three months removed by the physician. The catamenia reappear four weeks later, and from that time on regular every three to four weeks, but they continue for ten to twelve days. There is retroflexion with a slight enlargement of the uterus. Hydrastis given four successive times caused diminution of the period, when used before the appearance. If this was neglected, the symptoms were same as before.

Policlinic C. Multipara 33 years old. Forceps, Sept., 1882. Confinement normal; nursed child three months. Menses appeared ten weeks post partum; continued for eight days; quantity large; again in four weeks; continued eight to ten days; quantity larger than normal. Hydrastis given a week before the period caused the flow to become more scanty, but when it was discontinued patient complained same as before.

Hemorrhage of metrit's and endometritis.—4316. After the third confinement endometritis caused severe hæmorrhage, sufficient to produce marked anæmia. Patient was 32 years old. Curette, correction of position, ergotin, and acidum nitricum conc. intra-uterine, were of little benefit, therefore, after the fifth month the administration of hydrastis was resorted to. In the course of two months there is marked improvement, and in four months patient had permanently recovered.

4523. Patient 35 years old, very neurasthenic; became anæmic through exposure and loss of blood. Uterus enlarged, but solid; otherwise normal. Operative interference objected to, so the use of the hydrastis was commenced at once. The results were good, and could be observed after two doses.

4364. Patient 29 years, pregnant three times. Curette was used to relieve a chronic endometritis, which caused considerable hemorrhage with no effect. Hydrastis brings about a normal period which lasts about three days.

Climacteric hæmorrhage.—4487. Hemorrhage continued after curetting and operating on the ectropium; period appears every 3½ weeks. Hydrastis employed four times one week before the menstrual period does not yield good results; was ordered to be taken continuously.

4427. P., aged 48, was confined twice, 25 and 27 years ago. Since July, 1882, menstruation is irregular, increased in quantity, and causes a bearing-down pain, etc. Uterus somewhat enlarge. After the removal of mucous polypus the loss of blood is somewhat diminished but the congestive difficulties are same as before, and are only relieved after the use of hydrastis. Menses disappear entirely but the hydrastis caused an unpleasant excitement.

4319. P., aged 45, since January, 1882, there are irregular and copious hemorrhages complained of, which have caused marked anæmia. The uterus was enlarged and the currette was used to remove quite large pieces of hypertrophied mucosa; ergotin was employed without any good effects. The action of hydrastis in this case is slow but in the course of a few months it yields to the action of the medicament and the cure is permanent; secondary effect caused an increased appetite.

4845. P., 47 years old, has suffered for some time with hemorrhages. Menstruation formerly appeared every four weeks, continued for four or five days, but for the past two years the periods appeared more frequently, lasted longer and were more severe, causing severe anæmia in spite of ferrum, etc. Uterus was somewhat enlarged. A mucous polypus was removed, the currette used, the ectropium operated on. Ergotin administered subcutaneously for two and a half months, but no improvement took place, also secale pulvis used internally, and liq. ferri, intra uterine; hydrastis acted pleasantly but the result after three or four months was not permanent, and remedy was continued.

4078. (S. Archiv. f. Gyn. Bd. iii, S. 300; Bd. ix, 145 ff. Bd xxi, s. 447.) Menstruation began getting irregular in 1882. 4–2–7 week, lasting 7 days. Hydrastis causes an appearance every three or four weeks, lasting seven days until 27th of December when it was discontinued and some of the symptoms reappeared January, 1883. The drug was again given 30 drops 3 times daily, bringing about a little more regularity, menses being normal from Feb. 4 to April 22. Hydrastis was continued in the above dose. T.

Powdered Bullock's Blood, Beef Powder, and Beef Juice for Artificial Feeding.

Dujardin-Beaumetz and Debove have highly recommended the use of pulverized beef in artificial feeding especially in forced doses, but instead of this Dr. Guerder, in Bull. de Therap, uses a powder that he prepares from bullock's blood; it is not only cheaper but as one part represents 7 parts of fresh

blood, it is much more efficient, and has a more stimulating effect on the entire digestive apparatus. Occasionally a case is met with that will not tolerate the blood powder, but that is nothing unusual since we not unfrequently meet with cases that will not retain any article of diet, for example typhus fever convalescents, or in cases of severe chlorosis. The taste of this powder though not as pleasant as the powdered meat, can easily be covered by the use of some aromatic powder. The preparation of the blood powder requires no little care; fresh ox blood is defibrinated, heated for three or four hours over a steam bath, and dried by a current of air of 40° to 45°, which requires about three days. In the dry form it is a very coarse powder which is rubbed to a fine powder, which causes it to digest more easily. It is best administered in a liquid form in water, wine, milk or black coffee. For the preparation of the meat powder in small quantities, Meniere, in Rep. de Pharm., recommends the following formula: take a piece of meat cut into thin slices, and sprinkle sugar over, and allow to dry in the sun in summer, and by artificial heat in winter, then powder.—*Pharm. Cent. Halle.* T

Correspondence

The Metric System.

Dr. Records denunciation of the metric system of weights and measures, in the January number of the GAZETTE, doubtless voices the sentiments of a very considerable, if indeed not the major portion of the American profession. But questions of this nature cannot be decided by majorities. Matthew Arnold, indeed, argues very logically and cogently in support of his proposition that the "majority" is always in error and points to the facts of history in proof of his statement that the truth resides always with the "remnant." Reform always commences with the few. Thus it has ever been and thus it ever shall be and in all things, the denomination of weights and measures not excepted. The question of right or wrong of the "metric" must be decided on its merits and not by the disinclination and inertia of the masses, which "disinclination and inertia" are usually convertible terms with laziness, or, to employ a synonym more grateful to the ear and less wounding to pride, conservatism. It is a matter of history that our present denomination of currency, introduced by the "remnant" was vigorously denounced by the "majority," who were wedded to £, *s.* and *d.* Let us then, for the nonce, eliminate from the question before us the element of numbers, and consider it in the light of its inherent self.

The metric system is based upon the metre, which is its standard unit of linear measurement. The metre is equal to 39.370432 inches. The unit of fluid measure is the litre, which is the cube of 1-10 metre (one decimeter) or 1000 cubic centimeters. The litre is equal to about 34 fluid ounces. The cubic centimetre is equal to 16.231 minims. The unit of weight is the gram, or the weight of one cubic centimeter of water at its maximum density, weighs 15.432 troy grains. (I imagine I hear one of the "majority" utter some expression of disgust at these figures. Well, so did his predecessor when the dollar was made the unit of currency, and was declared to be equal to four shillings and two pence sterling). From these units the increase and diminution is in regular, progressive, uniform steps of ten. Surely this is an improvement on the system which in weight, for instance, starts us at a grain, and obliges us to step twenty to reach the scruple, from which a short step of three takes us to drachms, when eight takes us ounces, from which a bound of twelve is necessary to have us reach the pound. And this irregularity would be bad enough if it stopped here, but it does not, as we have troy, apothecaries, and avoirdupois weight, and the complexities of measurements of length and capacity to wrestle with in addition. In the metric all these are reduced to the regular rhythm of ten and the units of length, capacity and weight bear a reasonable and natural, and not an arbitrary relation to each other. The beauty of the regular gradation of ten is so apparent in our currency, which is so superior to all other systems of currency, that it seems wondrous strange why people so persistently refuse to extend it to weights and measures.

The metric system is destined to be the universal system among enlightened people. Already it is the system of commerce in all, or nearly all, the nations of Europe, England alone, in her characteristic insular exclusiveness and obstinacy, refusing to adopt it. It has been adopted by scientists every where. It is the only legalized system, even in the United States, to-day (which statement will, doubtless, be a surprise to the "majority.") It is the only system in use in our army and navy. And, finally, it has been adopted by that representative body of physicians, the American Medical Association. In view of all these facts is it not passing strange that it should be so bitterly opposed by the intelligent gentlemen, the "majority" of the medical profession?

The opponents of the metric wish all writers who employ this system to give a translation, in paranthesis, in each instance into the vernacular, for their especial benefit. The presumption of this request is quite refreshing, and the European writers and scientists of all countries should be notified that unless such translation is given their production will be boycotted. That would bring them to time, sure.

In commencing the use of the metric in prescription writing, it may be necessary for a time to mechanically translate the old system into the new, but with proper application this mechanical exercise will be soon superceded by intelligent use of the new without reference to the old. Twenty drugs, for instance, comprise the list of those in common use by each practitioner. Let each therefore begin by learning the dose of each of these in metric terms. A few weeks of such employment will prepare for speedy extension to all the medicines. It will for instance be found that it is no more difficult to remember that the dose of morphia is 0.01 than that it is ⅙ grain, that the dose of Epsom salts is 15.00 than that it is ℥ ss., or that we give 2.00 of fluid extract yerba santa instead of ʒ ss.

I think, Messieurs Editors, that I can fully appreciate the grounds of the objections to the metric, and realize the effort which the profession, educated to think in the terms of the old system, must make to switch off to the new. But is not this life a life of effort? What is there of good that has not been

striven for? And a backwardness to make an effort to place themselves *en rapport* with the scientists and the scientific spirit of the age is singularly unworthy members of our great calling. It "makes me tired" (to quote with Dr. Records this expressive bit of slang), to listen to medical men, educated gentlemen, declaring that they are "too old to learn this new-fangled system"! If these gentlemen were only to walk bravely up to the difficulty, it, like most other difficulties, would be found to diminish at their approach. I declare this as the outcome of my own experience. Wake up, gentlemen, and shake off this deadly inertia ere you find yourselves "badly left." Yours for the Metric,

O.

Philadelphia Letter.

The Alumni Association of the Jefferson Medical College gave a reception in honor of Professor Theophilus Parvin, M. D., L. L. D., on Monday evening, January 28th., at the St. George Hotel, Broad and Walnut streets. This eminent medical gentleman who now fills the chair formerly occupied by Prof. Ellerslie Wallace is too well known to the readers of the GAZETTE for an introduction at this time. Born in Buenos Ayres, he was reared in this city, receiving his medical education at the University of Pennsylvania, and now returns to us famous as a writer and teacher of medicine. For twenty years he has been in the front ranks of his profession. Prior to his recent call to Philadelphia he was Professor of Obstetrics in the Indianapolis College of Physicians and Surgeons, and also in the Louisville University of Medicine. He has already won for himself a position in the good opinion of the profession and the public in this conservative quaker city, and his eloquent lectures at the college are listened to with interest and attention by more than five hundred critical medical students.

The reception at the St. George Hotel was a very enjoyable one, and was attended by members of the Alumni Association who have not met together before for many years. In reply to the address of welcome delivered by the veteran president of the association, Prof. S. D. Gross, Dr. Parvin gave an interesting account of his medical career, referring especially to a presentiment of years' standing that he would at some time occupy a position as teacher in one of the great Philadelphia Medical Schools, so that his call did not surprise him. Many an act of his life, many a decision as to his course, had been determined by this hope, and now he offered words of thanksgiving from a heart full of gratitude, and, heaven helping him, he promised to be true to the trust and, so far as possible faithful to the glorious traditions of the chair which has had thrown on it for many years such resplendent brilliancy.

Mayor King and Judge Ludlow—the latter being president of the Board of Trustees of the college—spoke briefly, after which an elegant collation was served to the assembled guests and members of the association.

Among the notable men present were noticed his honor Mayor King, Professor S. D. Gross, Judge Ludlow, Prof. S. W. Gross, Prof. DaCosta, Prof. J. H. Brinton, Dr. W. B. Atkinson and Dr. Boardman Reed, president of the Board of Health of Atlantic City. The latter gentleman is well known to your readers from several able contributions to the GAZETTE, and is rapidly coming into prominence in the profession.

Not a little interest has been excited in medical circles here by the attacks made on Professor William Murrell, of London, in relation to his use of nitrite of sodium, and the evil effects that followed in a number of cases, in the out-patient department of the Westminster Hospital, where he had administered the drug. His publication of results under such unfavorable circumstances serves to confirm the good opinion with which this eminent scientist is regarded in this city, and he has the earnest sympathy of the profession now that professional jealousy has undertaken to make him a victim of spite. There is at the present time a set of foolish sentimentalists, noted alike for their ignorance and bigotry, who particularly distinguish themselves by organizing "anti" societies of various kinds, whose express purpose seems to be that of clogs to the wheels of progress. Anti-vaccination, anti-vivisection, anti-progress in any channel, is their cry. We have them here, and they compose the mud which every progressive man must wade through to success. It is bad enough to meet opposition from such a source, but when members of a progressive profession, animated by trade jealousy—for what more appropriate name can you call such a spirit as that shown by the attack of the Medical Times and Gazette, on Dr. Murrell?—attempt so crush a rival, by seeking to draw down on him public censure, by appealing to this same spirit of intolerance for anything that is progressive, it is an insult to the dignity of the profession throughout the world, and calls for the severest condemnation upon the part of every scientific man who has the interests of humanity at heart.

But the foolishness of the anti-vivisection party is illustrated by this case, for is it not much better that animals should be sacrificed in the study of the action of drugs, than that humanity should suffer? On the one hand the anti-vivisection society seeks to stop the wheels of progress in England by their foolish restrictions, and on the other by these very restrictions renders accidents in the administration of older drugs possible through our lack of knowledge of them. Where is the drug "the properties and effects of which are fully ascertained?" and where is there a drug of poisonous properties with which accidents may not occur in certain cases from our lack of knowledge concerning their actions under circumstances little understood? And how can we have a science if the publication of untoward effects is to be discouraged? It is a pity that we haven't more such men as Dr. Murrell.

Viola Sagitata in Rattlesnake Bites.

About 70 or eighty years ago, a Delaware half-breed Indian informed one of our early settlers in this country, how to cure rattle-snake bites. This knowledge has remained in the hands of this family down to the present time, and not until a few years ago, did one of them make public what they used.

The plant is one of the violet species, called viola sagitata. It may be found all over these United States. The part used is the leaf, which is known by its peculiar taste, which closely resembles that of slippery elm. In connection with this leaf they al-

ways used a local application of equal parts of indigo and salt.

A zone of the leaves is applied to the part just beyond the swelling caused by the bite, and as the leaves become dry they are moistened with cold water, and changed for fresh leaves every six hours until all the inflammation has disappeared. The indigo and common salt, equal parts, are applied directly to the bite, moistened with cold water, and changed every two hours.

Internally the patient is directed to chew the leaves of the viola and swallow the juice.

Employed in this simple manner the plant has worked well and without any failure. We have many people in this section, who can testify to its value on their own persons.

While these remedies act beneficially on the human system, they have had like success on cattle that have been bitten by these snakes. Am not aware than any of my professional friends have ever tried this remedy, as the family from whom this knowledge was derived enjoyed a monopoly of the secret. Its reputation has been known and recognized by the people for many years, along this part of the Delaware river valley. The old gentleman from whom I have derived this information speaks highly of the success he has had with these remedies. He frequently catches these snakes for museums, and while engaged in this perilous occupation, has been bitten often, and has had no trouble in overcoming the poison by the remedies mentioned. I have collected the leaves and used them in medicine, in the form of tincture, infusion and syrup, and found them to be a valuable demulcent and expectorant in the chronic coughs of old persons, and also in the catarrhal coughs common to this mountainous region.

I would like to have the viola sagitata brought to the attention of the profession who reside in sections of the country where these venomous snakes are numerous and troublesome, and have them test this simple plan of treating bites.

S. A. KEMP, M. D.

CALLICOON DEPOT, N. Y.

Normal Liquid Ergot in Enlarged Spleen, etc.

In your editorial in the January GAZETTE you say to correspondents that you wish facts—what your readers see, rather than what they think. Would that all writers would act on this suggestion. I have a fact or two to give:

Some four or five months ago, a lady, married, and aged about forty years, consulted me about an "ague cake." On examination I found her spleen very much enlarged, the enlargement being evidently of several months' standing. General health was of course bad, and there were frequent attacks of intermittent fever. The fever being arrested she was placed on tonic treatment, under which she improved, but the spleen did not reduce in size in proportion to other improvement. I therefore suspended all other treatment and gave her hypodermic injections of 30 minims of fld. ext. ergot, twice a three times a week, over the spleen. On emptying the syringe she said it felt like boiling-hot water had been thrown in; the pain was intense and lasted half an hour or more. Although suppuration did not occur, much induration and tumefaction resulted. After using the fluid extract a while I changed to Parke, Davis & Co.'s normal liquid ergot (liquor ergotæ purificatus); and so nearly painless was this that the lady asked me why I had not changed the medicine before. The spleen reduced rapidly in size, and the pain was not more severe than that caused by morphia injections, with which she was familiar.

I note your quotation of Dr. B. F. Leonard's remarks on viburnum opulus in the treatment of abortion and dysmenorrhœa, simply to say that here we use the viburum prunifolium (blackhaw) for the same, and with almost unvariable success, in threatened abortion.

The viburnum opulus is the high cranberry, from which comes the "cramp bark;" our eclectic brethren speak highly of it in all spasmodic affections, but I have failed to see any good in it.

I wish to add my "*Amen*" to what brother B. F. Records says about the metric system, and he hits it so well that I will only subscribe to what he says.

I also concur with you in what you say about the GAZETTE, that it contains more valuable matter than any other medical periodical I know of for twice the cost.

S. W. CALDWELL, M. D.

TRENTON, TENNESSEE.

The Metric System.

I was much pleased with the article in the January number of the THERAPEUTIC GAZETTE, by Dr. B. F. Records, of Liberty, Mo. Being among the older practitioners, I can and do most heartily co-incide with Dr. R. in his strictures on this metric system nuisance. Not one physician in a hundred who has been in practice ten years knows anything about it, and much less cares to spend the time to "figure the thing out." Life is too short, the metric fol-de-rol too long, and we have yet to see the first well established claim made to any superiority of this system over "the good old way."

If the few writers who have this metric system on the brain so bad, will still persist in imposing upon us this, to say the least, very blind and very unpopular method of expressing themselves, 99 doctors out of every 100 who are living to-day, will thank you to just write it out in regular style, at the same time for their benefit. If this cannot be done then must these, no doubt, brilliant effusions be lost to the present generation of doctors, and who knows how many a poor suffering human being may be let to die just because of some M. D.'s giving the profession a ℞ that might save a life, but giving it in an unknown tongue. Certain it is that ℞'s written and published according to the metric system are no better to any doctor for being so written, and are of no possible use to 99-100 of the profession.

I have taken some considerable pains to inquire of quite a large number of practitioners in different sections of this state, if they used or how they like the metric system. The invariable answer is: "I know nothing about it and have no use for it." One man, quite eminent in the profession, told me he had given the subject quite a little time and study and thought he understood it, but then he was not certain, and did not use it. We hope to see the readers of the GAZETTE express themselves on this subject in its pages. Gentlemen, this is an important affection, and, if necessary, it must be quarantined before it becomes epidemic.

ELMORE PALMER, M. D.

BOULDER, Colorado.

The Metric System.

In the January number of the GAZETTE, I read with pleasure and approval, the brief article of Dr. B. F. Records, of Liberty, Mo., on the Metric System. I think the doctor decidedly correct in his condemnation of a custom prevalent among some contributors to medical journals; a custom which not only savors of pedantry as he says, but shows up too plainly that despicable spirit of mimicry, and desire to imitate anything Euröpean, which largely prevails among a certain species of the citizen Americana. It may be said, and perhaps truly too, that Dr. Records and myself, along with the rest of your "old fogyish" readers, condemn simply because we do not understand the system; but while we plead guilty to the soft impeachment, we still desire to read understandingly, and keep apace with the therapeutic advances of the day. There is no law commanding the use of this system; we have learned to read and write and think by the old system; the schools do not teach it, and now at least, it cannot be of any material advantage to us. It is rather inconvenient now for Dr. Records and the balance of the "old timers", to prescribe a "0.05 f gm," and then stop and scratch our bald pates and figure it down to the old time-honored "drop," or learnedly order "20 f gm of this solution every two hours," and with an "ah, excuse me, I mean"—and then hesitating while we run through the multiplication table, announce "a tablespoonful." Let our younger brethren continue the use of this system in their studies, that they may read and study their foreign authors to the best advantage, and translate for their less fortunate co-laborers the more exactly and intelligently; but for the sake of suffering humanity, and those "old fogies" of the "gr., ℈, ʒ and ℥" system, let them give us the old accepted style in their original articles and translations intended for the American press.

J. P. BOOTH, M. D.

LAS CRUCES, N. M.

Chilblains.

In reply to an article in the January number of the GAZETTE, written by W. J. Wilcox, M. D., asking for a remedy for chilblains:

I have used with very satisfactory results the balsam of copaiba. My plan is to soak the chilblains well in warm or hot water, then rub the surface well with the balsam and repeat about twice a day, as the burning and pain indicate. After a few applications I always receive gratifying results.

E. C. HEILMAN, M. D.

IDA GROVE, Iowa.

Chilblains.

I see in your last issue a request for the best treatment of chilblains. I have been very successful with the following mixture:

℞ Acidi carbolici, (fort.), ʒ j to ʒ ij
Aquæ ammoniæ, ʒ ss to ʒ j.
Tr. belladonnæ,
Tr. opii, ♏ ʒ ij to ʒ iv
Ol. olivæ, q. s., ad., ʒ iv

M. Sig: Apply twice or three times a day.

Each night at bed time I have the patient bathe the feet ten or fifteen minutes with warm water and avoid the use of woolen next the skin till the irritation has subsided, but dress the feet warm when out of doors.

E. E. MOORE, M. D.

MERRILLAN, Wis.

Chilblains.

W. J. Wilcox, M. D., on page 26 Jan. No. of GAZETTE asks treatment for chilblains:

Frequent bathing in strong solution of alum—hot as can be comfortable borne—has answered well in my hands. As prophylactic treatment, commencing early in season it is very reliable.

FRANK GRIMES, M. D.

DECATUR, ILL.

Chilblains.

In answer to Dr. W. J. Wilcox in Jan. number: Thirty years' experience has proven the following to be a very efficacious remedy for chilblains:

℞ Spts. camphor.
Aquæ ammoniæ.
Ol. olivæ aa. f. ʒ j.

M. Sig. Apply to the part affected freely three or four times a day, first directing the patient to soak the frosted foot (at bedtime) one-half hour or more, adding hot water every five minutes. One or two applications of hot water are all that is necessary. When cured direct the patient to use ℞ No. 2 to prevent a return:

℞ Sulph. copper, gr. x.
Aquæ puræ, ʒ j.

M. Sig. Apply three or four times daily.

J. C. HARPER, M D.

MILAN, MICH.

Chilblains.

I have noticed a request for a remedy for chilblains. I had suffered from this difficulty from childhood more than any other one I ever saw, until I commenced using muriate of ammonia, and for nearly 40 years I have found it a sure remedy. A few applications of a strong solution are sufficient to relieve perfectly.

ETHAN SPENCER, M. D.

EVANSVILLE, IND.

Chilblains.

I see in the Jan. number of the GAZETTE a request for information relative to the treatment of chilblains. I have found the formula of Fergus, of Scotland, very efficacious in relieving this complaint. Perhaps some of you prescribers are not familiar with it:

℞ Acidi sulphurosi, ʒ iij
Glycerini,
Aquæ, ♏ ʒ j.

M. S. Lotion. Apply thoroughly with a camel's hair pencil.

It is recommended especially for the itching, burning stage of the complaint. I had tried a number of local applications before learning of this but none afforded as much relief.

Diphtheria.—The article on diphtheria from the pen of Dr. Ecklund, of Sweden, in the November number, is worth far more than a year's subscription. I consider it the most rational explanation of the phenomena of that disease, particularly of its terribly depresent effects, that has ever been given. His treatment, slightly modified, has already proved successful in several cases. I have added a small quantity of quinine to the phos. ac., taking care, of course, to leave the acid in excess. I thereby administer the quinia in small doses frequently repeated, avoiding the large doses so disagreeable to children; and also avoiding a multiplicity of prescriptions with consequent annoyance to the patient and trouble to the nurse.

C. G. BROOKS, M. D.

E. BOSTON, Mass.

The Therapeutic Gazette

WILLIAM BRODIE, M. D., Editor.

ASSOCIATE EDITORS:

J. J. MULHERON, M. D. and A. B. LYONS, M. D.

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Pneumonia, Its Nature and Treatment.

OUR selection of this subject has been largely determined by expressions which have reached us since the publication of the replies received to our queries under the plan of the Collective Investigation of Diphtheria which we adopted last year. Practical physicians have no time to spare from their rounds among their patients to devote to the diletantteism which expends itself in the vague theorizing and much of the so-called "exact work" with "instruments of precision," which characterize the writings of young men who have all the qualifications for successful practitioners, except actual experience with disease. There is to be gained from such actual experience in the rounds of a private practice, in both city and country, a knowledge which neither the physiological, nor the pathological laboratory, nor even hospital practice can furnish. Unfortunately for practical medicine, the means for collating the knowledge which is the outcome of individual experience, and putting it in shape for the benefit of the profession as a whole, has been exceedingly defective. It has consisted, chiefly, in the unsystematic communication of an occasional experience in the medical journals. What is wanted is some plan through which the expression of a large number can be secured on particular points in their experience. In the nature of things the expression of a practitioner is valuable only as it relates to practical questions, and diminishes in value as the opinion is unsupported by facts. With due respect to those of our readers who participated in our Collective Investigation of Diphtheria, we are constrained to declare that the result was very much impaired by the replies given to questions of a more or less theoretical nature. In so far as the result had to do with the practical questions of prophylaxis and treatment, it was as valuable as could reasonably have been anticipated, in the case of a disease whose treatment has been of such a varied nature and at best so unsatisfactory, as is the case with diphtheria.

We have endeavored to profit by our experience, as above, and while recognizing the great possibilities of good in our previous plan, we shall attempt to preserve that good and eliminate its drawbacks. With this object in view we shall confine our investigation of pneumonia as closely as may be to the question of its treatment. In our opening remarks we shall refer to the non-practical only in so far as it may be deemed necessary as a basis for the discussion of the practical. With these remarks before them, our readers will please consider the question "before the meeting and open for discussion." In this meeting of upwards of fifteen thousand readers, it will be singular indeed if there are not some expressions, which, properly crystallized, will constitute an important contribution. Our remarks will necessarily, and, in fact, purposely, be somewhat dogmatic, the object being to furnish definite points on which to start discussion.

The term pneumonia as commonly employed is made to embrace a number of essentially different affections of the lungs. Thus we have croupous or lobar pneumonia, lobular or catarrhal pneumonia, pleuro-pneumonia, inflammation resulting from hypostasis in adynamic diseases, and inflammation developing as nature's means of cure of traumatic injury to the parenchyma of the lung. In our consideration we shall confine ourselves to the two first, viz., croupous pneumonia (pneumonia proper) and catarrhal pneumonia.

*Croupous Pneumonia.**—Inflammation of the lungs

* The term croupous was originally applied to this form of pneumonia by Rokitansky and was employed by him to designate the nature of the exudate, between which and the false membrane occurring in croup of the larynx, he claimed to have traced a similarity. Although subsequent observations have demonstrated the incorrectness of this view the name had become so thoroughly attached, under that eminent authority, that it still remains and will be likely to remain, at least in Germany, whence we derive most of our opinions touching questions of pathology.

as it occurs in croupous pneumonia is a local manifestation of a constitutional affection, even as the lesion of Peyer's glands is the pathognomonic local manifestation of typhoid fever. It is, with very rare exceptions, ushered in by either a pronounced chill or by sensations of chilliness, which are speedily followed by elevation of temperature to which succeeds the congestion which is the first stage of the inflammatory process. Prodromata are usually wanting, although occasionally there is slight bronchial catarrh, a feeling of malaise or a jaundiced condition of the conjunctiva and skin for several days prior to the onset. The inflammation is divisible into four stages: 1. The stage of congestion or engorgement. In this stage macroscopic examination reveals only an excessive determination of blood. This determination causes a tortuosity of the pulmonary capillaries which is accompanied by swelling of the alveolar epithelium. The lung is heavier and has lost its crepitant nature. It is of a dark red color, pits on pressure, and when cut emits a reddish, frothy, tenacious mucus. The physical signs of this stage are subjective and objective, the former showing itself chiefly in a sense of painful heaviness in the affected side, of which the patient usually complains. There is a slight dullness of the percussion note from the beginning, but this may be so slight as to escape the detection of any but the most experienced examiner. In some cases, however, the percussion note may be tympanitic, and especially in the early stages. The respiratory murmur is usually of increased harshness, although occasionally it is weakened and of diminished clearness. The fine crepitant râle, when it can be detected, is pathognomonic of this stage. The description of this sound as given by Dr. Williams, viz., like the noise produced by rubbing the hair between the fingers close to the ear, is so true that it has never been improved on. This crepitant râle may be mingled with sibilant or sonorous râles. Vocal fremitus and vocal resonance are increased in proportion to the density of the lung tissue. The temperature rises to from 102° to 105°F. Breathing is increased in frequency, and is shallow, and the patient is annoyed by a slight hacking cough.

2. Stage of hepatization. (*a*) Red. When in the course of the progress of the inflammation, there is exudation of liquor sanguinis and blood corpuscles, and when this exudate, filling the alveoli and terminal bronchioles, has coagulated, the stage of red hepatization may be said to have developed. The lung is now increased in weight, is quite solid, cannot be inflated and sinks when thrown into water. On percussion the normal pulmonary resonance is found to be absent, being replaced by the sound of a dull thud, and there is a sense of increased resistance imparted to the hand. A comparison of the percussion tone of the sound side with that of the side affected makes the changed condition unmistakably apparent. The percussion dullness is usually sharply defined. Bronchial or blowing sounds now take the place of the normal vesicular murmur. Vocal fremitus is increased, although exceptions to the rule are not wanting. These signs are modified as to their distinctness with the depth of the tissue affected, being, of course, more pronounced as the consolidation approaches the surface. When it is deep it requires skill and care to detect them. The cough is distressing and the sputa are characteristic, being viscid, glairy, tenacious and of the pathognomonic "rusty" color. (*b*) Gray hepatization. This condition is a continuation of the former, its characteristic, however, being cell-migration and cell-proliferation. The white blood corpuscles are proportionately increased in quantity. The fibrinous exudation begins to disintegrate, and the young cells rapidly undergo fatty metamorphosis. The reddish brown color of the lung becomes changed to a grayish or yellowish white. When this stage in unfavorable progress of the disease, continues beyond its usual limits it goes on to suppuration. With the exception of a high metallic bubbling râle there are no characteristic physical signs in this stage.

3. Resolution. In the natural history of the disease the inflamed lung undergoes resolution, which is the name given the process through which it is restored to its normal state. Resolution consists of fatty and mucoid degeneration and consequent liquefaction of the exudate; with this liquefaction, the alveolar walls become gradually restored and the liquified products are absorbed. With the onset of resolution the breathing loses its bronchial nature and there is a re-appearance of the crepitant râle —the redux crepitant. As liquefaction progress it changes to what is known as the subcrepitant râle, which latter is generally quite persistent as to its duration. On percussion the dullness is found to gradually disappear.

The period necessary for the evolution of the various stages thus briefly outlined, varies, and while these stages have been referred to in orderly succession it must not be understood that each stage occurs simultaneously throughout the entire lung. While one part may be in the condition of gray hepatization another may be in the red, and yet another in that of engorgement. The rapidity with which the stages succeed each other, is also variable. In this manner the variable duration of an attack of pneumonia is explained. The duration of the initial stage is ordinarily of from twenty-four to thirty six hours, although not unfrequently hepatization begins in twelve hours, while again it may be postponed until forty-eight hours. Hepatization having set in, it continues for from three days to a week when it terminates either by crisis or lysis, in favorable cases, when resolution commences. The termination is said to be by crisis when there is a sudden fall of temperature, the normal standard being often reached within twenty-four hours, although usually from thirty-six to forty-eight hours are necessary to complete the defervescence. With the fall in temperature improvement as to all other symptoms sets in, the patient, however, being left much prostrated, which prostration may even proceed to fatal collapse. While crisis is the usual mode of termination, the fall of temperature may be more gradual—by lysis. In such cases there are remissions only and the temperature does not reach the normal for a week or more. Relapses in cases of croupous pneumonia are rare.

Catarrhal or Lobular Pneumonia.—"Catarrhal pneumonia is always a secondary morbid process. It never originates primarily in the alveoli, being usually preceded by an inflammation of the bronchial mucous membrane. It is only when an irritant, such as chlorine gas, for instance, has exerted its action simultaneously on the alveoli as well as on the bronchi that inflammation occurs in both at the same time."

This is the dictum of Juergensen, one of the most

reliable of the authorities, and we presume there are few who on analyzing their experience, will be led to dispute it. Catarrhal pneumonia is peculiarly a disease of infancy or youth and old age, the vigor of adult life apparently preventing its attack.

We believe it to be a fact that there exists among medical practitioners of this country considerable confusion on the subject of pneumonia, and that little attempt is made at differentiation of the several varieties. While the distinction between croupous or lobar pneumonia and catarrhal or lobular pneumonia is very generally conceded, the essential differences in the two affections is doubtless very generally overlooked. In order to successful treatment, we consider it necessary that a clear conception of these differences should obtain, and with a view to assisting in this conception we have arranged their clinical features in opposite columns:

Croupous Pneumonia.	*Catarrhal Pneumonia.*
Commences suddenly with a chill, and has few or no prodroma.	Developes slowly and is the extension of bronchial inflammation.
Is the local manifestation of a constitutional disease.	Is a disease *pér se.*
Temperature is high from the onset and persistent until the crisis or lysis.	Temperature rises gradually and is liable to exacerbations.
Of definite duration, speedy recovery following the crisis.	Of indefinite duration, convalescence being tedious and incomplete.
Does not predispóse to the deposit of tubercle.	Is apt to be followed by tubercular deposits.
Is not confined to any particular period of life.	Children and old people most subject to attack.
Is accompanied by pleuritis and the pleuritic stitch.	Pleura is not apt to be involved and there is, in consequence, no stitch.
Prognosis generally favorable when limited portion of lung is involved, danger being proportioned to degree of pyrexia. Inflammation usually confined to primary seat of attack.	Prognosis always grave, the danger being due to the uncertainty in the extent of tissue which may be involved, and to the exhausted condition of those whom it usually attacks.
Is comparatively little dependent on climate, being apt to occur at any season of the year.	Most apt to occur as a result of exposure in cold, damp seasons.
Cannot be produced artificially, nor as a consequence of traumatism.	May be produced by the inhalation of irritant gases, as chlorine gas, etc.

Treatment of Croupous Pneumonia.—Among the moot questions in practical medicine there are few which have been more persistently argued than this. The scale has been run, time and again, between the extremes "heroic" and "expectant." Among heroic measures blood-letting, tartar emetic and corrosive sublimate stand chief. While these remedies have been largely retired under the "rational" method of treating pneumonia which is now in vogue, no remarks on this subject would be complete which did not, at least briefly, refer to them.

Blood-letting.—A history of this means in the treatment of pneumonia would be impracticable in this place and we shall content ourselves by quoting from Dr. Wilson Fox, in Reynolds' System, what, we think, is a fair statement of its present status: "(1) Indiscriminate bleeding increases immensely the mortality of the disease. (2) It is especially fatal in old people and in young children, in patients of exhausted constitutions, and in those suffering from chronic diseases, and particularly from Bright's disease. (3) It is absolutely unnecessary in the majority of cases of young adults and also young children. In the vast majority of cases it has no influence whatever, either in cutting short the disease, or in lessening its duration or diminishing the pyrexia, but occasionally these results appear to follow its use when practiced early. (5) In the majority of cases it hinders the critical fall of temperature and delays convalescence. (6) In the majority of cases,as shown by Drs. Bennett's and Dietl's data, recovery is equally, if not more rapid, when it is not practised as when it is resorted to. (7) In a few cases, a moderate venesection may be necessary in the early stages, to avert immediate danger of death from asphyxia." These negative statements might profitably be supplemented by the positive declaration that venesection should be employed in the robust, plethoric man and in the earliest possible period of the attack. It is, of course, understood that when hepatization has begun the withdrawal of blood is not only useless but it is positively injurious.

Blisters.—The application of blisters is of value only in the stage of resolution. A blister in the stage of congestion or in that of hepatization, as has been done, is an irrational, useless and injurious practice. When blisters are indicated they should not be applied to cover a large surface. Thus applied they are very depleting. The exudate withdrawn by means of a blister being rich in albumen, its withdrawal has practically the same result as has the withdrawal of a like bulk of blood. The chief value of blisters is their effect on the pleura, which is usually implicated in the inflammatory process. This effect can best be secured by the application of a number of very small blisters—of not more than an inch square—distributed over the seat of the inflammation.

Tartar Emetic —Tartar emetic is a nervous and, therefore, an arterial sedative and its employment as such only, is rational. Its use in the large doses in which it has been given, for its supposed specific action, is ill-advised, and the fact that much better results followed such use of it than followed indiscriminate and excessive blood-letting proves only that it is the lesser of two evils. It is a valuable substitute for blood-letting in those sthenic cases in which the latter would be unsafe. It should never be employed in adynamic forms of the disease.

Mercury.—It having been abundantly proved that such limited increase of absorption as is caused by mercury is practically valueless in pneumonia, this drug has fallen into deserved desuetude. It is, of course, unnecessary in these later days to argue against the excessive employment of it which showed itself in the salivation which was formerly deemed essential.

In treating a case of croupous or lobar pneumonia it must be borne in mind that the inflammation is not the disease, but that it is the local manifestation of a constitutional affection which will just as certainly run its course, in spite of all efforts at its abortion, as will a case of typhoid fever. As in the latter disease it would be futile to direct remedies solely to its local manifestation in Peyer's glands so in pneumonia it would be futile to disregard the constitutional nature of the affection. While, however, this is a truism it does not follow that the inflamed lung should, after the manner of the "expectants," receive no attention. On the contrary, while the storm rages without, and mocks man's efforts to prevent it, that part of the craft on which its fury seems to chiefly spend itself should have especial care, in the captain's efforts to bring the vessel through. The vessel is no stronger than it is at its weakest part, and though its strength makes it impregnable elsewhere, the springing of a leak at this part is a just cause for alarm for the safety of the whole. Treatment is, therefore, constitutional and local.

In the constitutional treatment attention must first be paid to the pyrexia. The effect of excessive temperature both on the anatomy of the blood and on the muscular fibre is so well known that nothing could seem more reasonable than to reduce this excess in a disease in which the chief source of danger is cardiac weakness, and consequent over-distension of the right cavities, with formation of thrombus. Now, excessive temperature is due either to excessive oxidation or diminished radiation. In the case of pneumonia the chief cause is excessive oxidation. To prevent this oxidation the activity of the circulation must be checked, and the condition of the heat centre on which the excessive heat depends corrected.

To control the activity of the circulation the direct or indirect arterial sedatives, aconite, veratrum viride and digitalis are employed. Early in the disease aconite is to be preferred, because of a peculiar antiphlogistic action over parenchymatous tissue which it seems to exert, in addition to the sedation which it causes. It should, however, not be continued too long, for there comes a time when its depressant action can only prove deleterious. When signs of cardiac weakness supervene it should give place to digitalis, a drug which while conrolling the the frequency of the contractions is also a tonic to its fibre.

Should the cardiac sedatives mentioned fail to keep the temperature below, say 103° F., resort must be had to quinine. The manner of the action of quinine as an antipyretic is not yet fully understood. Whether it acts by diminishing oxidation in the the tissues or stimulating the inhibitory heat centre, is not at this time a question of practical interest. That it reduces excessive temperature does not admit of doubt, and that it does so without deleterious effect on the system is also quite certain. It has long been employed for this purpose in Germany. It must be given in large doses. Juergensen gives thirty grains in solution at one dose between six and eight o'clock in the evening. For children he gives 1½ grain for every year up to five years of age and after that age from seven to fifteen grains at a dose, according to circumstances. Only fools, he says, resist facts, and his experience has taught him that these doses are devoid of danger. When the fever is intense, seventy-five grains, he says, may be given to an adult and fifteen grains to a child under one year of age. When the stomach is too irritable to retain these doses, the drug must be given by enema. The dose should not be given oftener than once in twenty-four hours. Instead of the excessive dose of seventy-five grains, it is safer practice, in our opinion, when the great elevation of temperature seems to call for such heroic measures, to first reduce the temperature by cold baths and then give the smaller quantity of the drug with a view to prevent its rising again. The instructions covering the use of these baths are clearly given by Juergensen: When the temperature reaches 104°F. the patient should be placed in a bath of 60°F., and kept there from ten to twenty-five minutes—according to the effect on the temperature. The pulse must be carefully watched, and stimulants administered before, during and after the bath. If necessary the temperature of the water must be gradually reduced to 42°F. The cooling process usually continues for about a quarter of an hour after removal from the bath. The bath must be repeated when the temperature again rises to 104°F. Juergensen recommends this treatment before the supervention of cardiac failure, with a view to preventing the injury to the heart caused by pyrexia. When there is marked asthenia and much enfeeblement of the heart's action such treatment must be conducted with great caution. Another mode of applying cold is the wet sheet or pack. While this is less heroic than the bath, it is neither so effectual in reducing temperature. It may be resorted to in more debilitated patients. The use of baths in private practice is not usually very convenient, but the inconvenience should not be suffered to stand in the way in cases of excessive temperature, for the prognosis in these is always grave.

Diet.—The idea that patients in the pyretic stage of pneumonia should not be fed lest by so doing fuel be added to the flames, is erroneous. Give the patient to eat and encourage him to eat of easily assimilable food, particularly milk, even though he have not the inclination to partake. The fallacy of beef-tea has been so thoroughly exposed that no physician of average intelligence will be found in these days to trust to this preparation or to the "beef extracts" in the market, in cases really requiring nourishment. Of the preparations of beef some peptonized form, such as sarco-peptone, or defibrinated blood, may be employed with benefit. These contain albumen which is absent from the others, and is the only nutritious principle in beef.

The question of the use of alcohol necessarily comes up in connection with the use of alcohol in pneumonia. We have no sympathy with that fanaticism which would banish alcohol in the treatment of this disease. Carbonate of ammonia is valuable, but it should be employed as an adjuvant principally. On the first appearance of weakened heart action alcohol should be given. As a general rule when the pulse has reached 130 the demand for this chief among stimulants has appeared. Brandy is the form in which it is best given and usually this is best given in egg-nog, thus at once increasing its palatability and combining nutriment. No definite amount can be mentioned as a sufficient quantity. The dose must be regulated according to the effect, but it is better to err on the side of excess than of deficiency,

although excitation of the brain must never be produced.

Dyspnœa.—Direct remedies for the relief of this symptom have heretofore been wanting. Latterly quebracho has been introduced and certainly the reports of its use encourage the hope that a more extended trial may develop the fact that we have in this drug a valuable agent for the relief of this condition.

Local Treatment.—By this we mean not merely topical applications to the chest, but also medicines given internally to affect the condition of the lungs. In the treatment of the inflamed lung the same principles should obtain as govern the treatment of inflammation of any other structure, viz., rest and the relief of pain. Absolute rest is, of course, impracticable in the case of the lung, and the most that can be secured is "physiological" rest. To this end we have in opium a valuable means for putting the lung "in a splint." By its action on the respiratory centre it diminishes the frequency of respiration. Besides this it relieves pain and quiets nervous irritability, a very important desideratum in pneumonia. It is good treatment, therefore, from the incipiency of the attack until at least the stage of resolution has set in, to keep the patient sufficiently under the influence of an opiate to secure ease from pain. As another means of securing rest we have strapping of the affected side with strips of adhesive plaster. These should be laid on, commencing at the spine and bringing them forward sufficiently snug to exert slight compression, to terminate at the median line or sternum in front. The strips may be cut sufficiently narrow, and placed on sufficiently far apart so as not to interfere with the application of poultices, the latter being very important, both for their anodyne and their antiphlogistic action. We do not believe that the importance of strapping the chest in pneumonia is properly appreciated by the profession at large.

Can the Inflammation in Croupous Pneumonia be Aborted?—This is another of the moot questions. We are not prepared, either from the result of our own experience, or from a reference to the literature on the subject, to give it a positive answer. This much, however, experience and the records unite in justifying us in declaring, namely, that when seen sufficiently early, an effort at such abortion should be made. In rare instances the disease has been known to abort spontaneously, that is after the appearance of the pathognomonic sputa there has been no further progress of the disease. But the occurrence of this result under abortive treatment so-called, is too frequent to justify the assumption of mere coincidence between the abortion and the treatment. If seen during the stage of engorgement the adult patient should at once be given twenty grains of quinine and two grains of opium, and this dose should be repeated in three hours unless contraindications should be present in the condition of a patient, Usually the opium should be omitted in the second dose. Without question this treatment if adopted during the stage of engorgement favorably modifies the future of the case. Any such effort at abortion would be futile after hepativation has begun.

Treatment of Catarrhal or Lobular Pneumonia.—These facts are to be born in mind in the treatment of catarrhal pneumonia: "1st. That the disease is invariably associated with, and is, in the main, induced by bronchial catarrh, and by its so frequent attendant collapse. 2nd. That its occurrence is especially favored by everything which weakens the patient. 3rd. That it tends to destroy life principally by interfering with the function of respiration, which interference necessarily increases with the consequent weakening of the respiratory power." The conclusions from these several facts are obvious, Any of the means enumerated for the relief of the inflammation in croupous pneumonia, which are in the least exhaustive to the system as a whole, are to be avoided here. Aconite, therefore, or tartar emetic or bleeding are inadvisable. Poultices should be applied, and in the event of hyperpyrexia the means of reducing temperature as recommended by Juergensen, should be resorted to. Quinine in tonic as well as antipyretic doses should be employed. The iodide of potassium and the muriate of ammonia are valuable for their action on the inflamed mucous membrane. Opium should be administered with great circumspection, because of the danger of its favoring the accumulation of mucus and thus aggravating the dysponœa. Assafœtida is a most excellent addition to expectorant mixtures, especially in the case of children. The stimulating action of respiration is important in these cases. A mustard bath, sufficiently strong to redden the surface, has been found of great value in cases in which the color of the lips indicates serious defect in aeration. For the dyspnœa, which is a grave symptom in catarrhal pneumonia, we have in quebracho a remedy which promises results which it has been impossible heretofore to secure from other drugs; it should be accorded a thorough trial.

Peptonized Beef Extracts.

PHYSICIANS are becoming more and more convinced of the paramount importance in certain diseases, of alimentation. Food at once concentrated in form, acceptable to the palate and easily assimilated, has gradually come so be recognized as a great desideratum. Liebig, who was among the first to make a careful study of the chemistry of foods, and whose genius was eminently of a practical order, made many valuable suggestions in regard to the rational dietetics of infants and of invalids. His name is especially associated with the condensed preparations of beef which for a number of years have held the first place in the minds of many physicians, as well as of the laity generally, among concentrated foods. The statement that one part of this preparation represents twenty parts, or forty, of beef, has been accepted without question, and physicians have been misled into the belief that their patients were receiving in the pint of beef tea prescribed, as much nourishment as they would get from a pound of beef steak—practically much more, because the digestive organs would be unable to cope with the beef steak, while the broth might be absorbed without any previous digestion.

All the while this belief on the part of a physiologist must have been an act of blind faith, and there were not those wanting who not only refused to act upon it in their own practice, but who, realizing the importance to both physician and patient of a knowledge of the truth, endeavored to expose the dangerous fallacy underlying it. The nutritive value of

beef, they insisted, depends chiefly upon the albuminoids it contains. Liebig's extractum carnis *does not contain these albuminoids*. It consists of (1) mineral salts, phosphates, sulphates, and chlorides, and (2) of certain organic constituents of the beef which are soluble in boiling water, including possibly some nitrogenized compounds capable of being assimilated but consisting largely of products of retrograde metamorphosis, which in the living organisms are removed as rapidly as possible from the tissues and appear as excrementitious products.

The mineral salts, it is safe to say, are only of secondary importance as foods. That they may modify nutrition in any important manner is undoubtedly true, but mainly by influencing absorption, secretion, etc. They contribute nothing, or next to nothing, of their own substance towards the building up of tissue. They pass through the system unchanged, for the most part, and are speedily excreted, mainly by the kidneys. That they are not needed in the body is plain from the fact that they are constantly passing off thus with the excretions; the supply already is greater than the demand. Undoubtedly, in many cases of disease, the stimulating effect of these salts on the secernent system is of great importance, while the withholding of real food may at the same time be an essential feature in the rational treatment. Liebig's extract of meat admirably fulfils these indications, its especial value depending on the fact that it furnishes the shadow without the substance of a food. Its appetizing flavor stimulates sufficiently the enfeebled digestive apparatus for the very light burden imposed upon it, and given in the form of beef tea its bulk enables it to satisfy, by a kind of pious fraud, the appetite which it excites.

But there are other cases where concentrated nutriment is the *sine qua non* of rational treatment; where material for supplying waste and for building up new tissue must be furnished rapidly and in a readily assimilable form. Nitrogenous foods are always transformed before absorption into peptones —substances differing from albumen and fibrin mainly in the fact that they are freely soluble in both hot and cold water, and that they are capable of passing through membranes by dialysis. Such a transformation of proteids indeed is the essential and distinguishing feature of stomach digestion. Obviously the albuminoids should be furnished to an enfeebled stomach in the form of peptones. Peptonized milk, is in fact, now largely employed as a food for the sick. But milk is at best a dilute form of nutriment, and it lacks the appetizing quality which belongs to preparations of meat. Attempts have therefore been made, with more or less success, to produce a peptonized preparation of beef which shall be at once concentrated, palatable and permanent.

This desideratum seems to be at last fully met in the "sarco-peptones" of Dr. Rudisch, a sample of which has recently been submitted to us for a critical examination. The preparation is in the form of a translucent, firm jelly, of an amber brown color and the agreeable odor and flavor of a good extract of beef.

It dissolves readily in hot water and the solution is abundantly precipitated by the addition of alcohol. A sample of the sarco-peptones, dried at 105° C. was compared with a sample of Liebig's extract of beef, exsiccated in a similar manner. Of the latter 26 per cent. consists of mineral salts, while not less than 93 per cent. is soluble in 90 per cent. alcohol. Of the former about 17 per cent. consists of mineral salts, but the greater part of the organic matter is insoluble in alcohol. Gelatin having first been excluded, an approximate estimate of the amount of peptone present was made by precipitation of the strong aqueous solution by means of a mixture of absolute alcohol and stronger ether. Making the usual small allowance for the solubility of peptone in ether alcohol, the proportion of peptones (dried) was shown to be 63.5 per cent. of the dried extract, or about 75 per cent. of the organic matter.

Judging from the amount of mineral matter present, one pound of the sarco-peptones represented about six pounds of beef, while of the Liebig's extract one pound represented 16 pounds of beef. It must be remembered, however, that the proteids of the meat cannot be concentrated, in any other way at least than by drying, and that, therefore, it is impossible for a preparation which contains them to be "concentrated" to the same extent as the ordinary extracts which simply omit them. The conclusion cannot then be drawn from the above figures that six pounds of Liebig's extract are of the same nutritive value as sixteen pounds of the sarco-peptones, although these quantities "represent" the same amount of beef. In fact the extract of beef contains scarcely any tissue-forming material, and owes the value that its undoubtedly possesses almost wholly to its stimulating properties. The sarco-peptones are sufficiently rich in the mineral salts to exert the same stimulating influence, but they add to this a high nutritive value depending on the fact that they contain, in a condition for immediate absorption, the plastic material required for repairing waste and building up new tissue.

Shall we have Profession of Pharmacy?

A BRILLIANT reception was given to the members of the Trade Association of Philadelphia Druggists, Friday evening December 28, 1883, by Dr. Lawrence Wollf, the well-known chemist, and president of the association, at his residence, 333 south Twelfth street, Philadelphia. There were present leading members of the medical and pharmaceutical professions, together with some of the principal citizens of the place, including the mayor of the city and editors of several of the Philadelphia daily papers. As much good is likely to grow out of this successful entertainment, combining, as it did, two mutually dependent professions, whose tendency of late years seems to have been to drift apart, in friendly and social reunion with each other, and the public, it is well to consider the object that brought them together, and some of the results likely to grow therefrom.

The object was a very worthy one, viz., the elevation of professional pharmacy and the encouragement of professional and social relations between the professions of pharmacy and medicine.

It is the aim of all lovers of pharmaceutical science to secure the recognition of pharmacy as a branch of medical science, and the elevation of those who practice the art to the position of a liberal profession. How best to attain this object is a difficult problem to solve, and the difficulties in the

way are not a few. In the first place there is a strong feeling existing upon the part of the professional world against trade in general. It is maintained that it is impossible for those engaged in trade to have a scientific and professional spirit, and without both the existence of a liberal profession is impossible. The object of a tradesman is to sell goods, and it is the tendency of trade to sacrifice every other interest to this end. But it is the object of a professional man to benefit science, his profession, and the cause of humanity; and to this end he would sacrifice everything else, were the principle at stake. A merchant to be great must be rich; but no amount of money will buy a scientific and professional position. Pharmacy is a trade. How can it, then, become a liberal profession?

In the second place there is likely to be a strong opposition to the idea from a portion of the medical press. It is well known that there are medical journals claiming to represent all there is professional and scientific, who owe their prosperity more to the fact that they are run for the purpose of making money than in the interests of the profession. If pharmacy is to be a science it must have a place in *medical* literature, not merely in pharmaceutical journals that never meet the eye of the medical profession; but these medical journals prefer that things should remain as they are, and that pharmacy should pay its way in advertising. Now we do not propose to discourage legitimate advertising, but we do maintain that pharmacy has as much right in medical literature as therapeutics, and that the pharmacist should have equal credit in medical literature for his work as the physician; and that this attempt to keep pharmacy out of the medical journals for money-making purposes is an outrage to the science that these journals pretend to represent. A pharmaceutical literature founded on the fly leaves of medical journals, to be destroyed when the journals are bound, is worthless for scientific purposes. Not a few medical journals, however, will make every effort in their power to keep pharmacy down, believing that there is more money for them in pharmacy as it is, even though medical literature receive serious damage thereby.

In the third place any attempt to secure the recognition of pharmacy as a profession, will meet the opposition of a certain section of the medical profession who feel that its elevation to such a position will be to warm into life a very dangerous viper. The druggists, say they, are already our rivals, and as they come in direct contact with the public, while we are obliged to sit in our offices and wait for patient, they have unfair advantage. Elevate the drug trade to an equal position with the medical profession by making pharmacy a profession and you but give druggists increased power for mischief.

There is another section of the medical profession who hold that the pharmacist occupies the same relation to the physician as does his cook, and the elevation of pharmacy to the lofty position held by this class of physicians in their own estimation would be a serious sacrifice of professional dignity. This section of the profession will unite with those medical journals above referred to who hold that pharmacy is a trade because there is more money in keeping it there.

Another argument against the recognition of pharmacy as a profession is that pharmacists are guilty of certain irregularities that, unless corrected, will forever debar them from the privilege for which they ask. Do they not prescribe over their counters, it is asked, and what right have they to do so not being educated in the knowledge of disease or its treatment? Then, too, they renew prescriptions indefinitely, without the doctor's knowledge or consent, much to the detriment of the public, and to the doctor's pocket book, who is thus cheated out of his fee. But more than all this, are not the druggists agents for the nostrum trade—the vilest species of quackery that ever disgraced a civilized and enlightened country? How can pharmacy ask a position among the liberal professions when it is guilty of conduct so unbecoming a professional and scientific position?

If pharmacy is to be a liberal profession it must drop all secrecy, attain a professional and scientific spirit, do scientific work on the materia medica, be represented in medical literature, and so guide its conduct in relation to the medical profession, on whom it must for ever depend, as not to give just cause for offense. Now, while we are heartily in favor of the ideal that pharmacy is a branch of the science of medicine, and have worked to elevate it to a scientific and professional position, we would like to make the inquiry at this juncture of the proceedings, is it possible to raise pharmacy to the position of a liberal profession in face of so many difficulties and such a storm of opposition? We wait with interest the reply of those concerned in this matter.

Medical Certificates to Proprietary Medicines.

IT affords us no ordinary degree of pleasure to be able to reproduce the following report from the Committee on Ethics to the St. Louis Medical Society. It very pointedly condemns an abuse which has attained giant proportions and which it behooves the profession to correct. There is a singular appropriateness in this protest from the St. Louis profession, for probably in no other city has the profession been so scandalized by the humiliating practice:

Your committee, to which was submitted the question of the propriety of members of the St. Louis Medical Society furnishing commendatory certificates of Proprietary Medicines, respectfully report that the custom is not only at variance with the letter, but in violation of the spirit of the Code of Ethics.

The dignity of the profession is lowered by the publication of such testimonials, and the medical man thus transgressing, renders himself liable, not only to suspicion of being requited for the use of his name and influence, but also of seeking "a special advantage inconsistent with the equality of rights and duties pertaining to the profession."

The concluding paragraph upon "Duties for the support of professional character" in the Code of Ethics reads as follows: "It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines." Between the proprietary medicine and the quack remedy, there is no great difference. The formula of the first is seldom, or never, entirely revealed, while the combination in the latter is frequently suggested; yet, physi-

cians who readily endorse the one, scorn the idea of recommending the other.

The published certificate or testimonial is as objectionable and as violative of the Code as a printed circular, for in most instances, not only is the name of the doctor blazoned forth, but also his professorship and college connection, his specialty and location. This method of obtaining cheap advertising is, in many instances, a weak subterfuge of those who would secure notoriety, without openly defying the Code and subjecting themselves to discipline. Custom or usage, as an excuse for thus transgressing, is an evasion, as the frequent repetition of an offense will neither annul its flagrancy nor transform it into a virtue. Perhaps nothing has so tended to establish and perpetuate this infraction, as the example set by distinguished and prominent professors and practitioners throughout the land. Young and ambitious men readily excuse their misconduct in this regard, by pointing to the unrebuked dereliction of distinguished physicians. The evil is pronounced and progressive, and the time has come when conservative men must, in the interests of scientific medicine, unite to destroy this innovation.

The fact is that the tendency of the times is to self-assertion and laudation. To obtain frequent public recognition in the columns of newspapers, and to secure popular attention in every way is, with many, the short and patent route to practice, position and wealth. The slow, but honorable, method to advancement, through patient study and honest labor, is ignored. The behests of science are silenced in the clamor of empiricism, and the dignity and well-being of a noble profession disregarded in the struggle for self-aggrandizement.

Infractions of our National Code of Ethics invariably prove detrimental to the profession and degrading to its members. Implicit obedience to its letter and spirit exalts the science and ennobles its votaries.

It is, therefore, evident, that giving certificates favorable to proprietary medicines or articles, is in contravention of the requirements of *the letter* of the Code, and that they attest the efficacy of secret medicines, and is also equivalent to "resorting to public advertisement." *The spirit* is violated, in that it secures "a special advantage, inconsistent with the equality of rights and duties pertaining to the profession."

Your Committee therefore recommend, that the giving of certificates, as mentioned, be condemned and prohibited, and that the members of this Society, who have such certificates now in publication, be required to immediately withdraw them.

Committee { J. P. Kingsley, M. D.
R. J. Hill, M. D.
Le Grand Atwood, M. D.
W. W. Watkins, M. D.

The Purpose and Beauty of a Monopoly.

THE following advertisement, which we copy in its entirety, declares more forcibly than could be declared in any other manner, the aim, and indicates too clearly to require any attempted emphasis, the tendency of copyrighted trade marks and patents in medicine. How do honest, conscientious, ethical, humanitarian physicians like the prospect? Imagine opium, quinine, iron and the other "sheet anchors" of medicine to be similarly restricted, as to their preparation for medicinal purposes, to "Acid Phosphates!" The Rumford Chemical Works are to be commended for this outspoken declaration. They venture none of those specious pleas, which other proprietors of copyrighted compounds make use of to pull the wool over the eyes of the profession. Perhaps this flagrant revelation of the cloven foot may tend to arouse those complaisant medical gentlemen who have affected to believe that things are not as bad as they seem, and that the hue and cry which ethical medical journals have sought to raise against this monstrous evil, may after all have some grounds of justification.

IMPORTANT DECISION of the SUPREME COURT

IN THE MATTER OF

IMITATIONS

—)OF(—

HORSFORD'S ACID PHOSPHATE.

In July, 1882, the Supreme Court of Rhode Island, by Final Decree, enjoined William H. Hughes, Theodore S. Hughes, and the Hughesdale Manufacturing Company, from offering for sale "Acid Phosphate," so-called, in any package which shall be a substantial or a colorable imitation of Horsford's Acid Phosphate.

Sept 24, 1883 the Court decided that William H. Hughes and Theodore S. Hughes had violated the above injunction by selling the "Hughes Acid Phosphate," so called, and that a writ of attachment must issue against them.

Oct. 13, 1883, the following was promulgated at the decision of court, on the writ of attachment:

Rumford Chemical Works
vs.
Hughesdale Manufg. Co. et. al. } Equity, 2,022.

The judgment of the Court is, that the respondents, William H. and Theodore S. Hughes, each pay a fine of $300, for the use of the State, within seven days, and in default of such payment stand committed to the State's jail, in the county of Providence, for the term of three months, and in the meantime to remain in the custody of the Sheriff.

We hereby again warn all persons from selling *any* imitation of Horsford's Acid Phosphate; or *any* "Acid Phosphate" under any style of label, or form of package, for use as a medicine or article of diet, or ingredient to be employed in beverages, or food; or any proprietary article for use as a medicine or beverage, under the name "Acid Phosphate;" as they will thereby infringe our trade-mark, copyright or patents, and render themselves liable for damages.

RUMFORD CHEMICAL WORKS,
N. D. Arnold, Treas.

Providence, R. I., Oct, 17, 1883.

In further illustration of an abuse perpetrated by the proprietary medicine manufacturer, and to which we have time and again referred, we reproduce a few clippings, made at random, from certain of our local secular papers. We assume these certificates to be *bona fide* and the medical gentlemen giving them to

be respectable and competent physicians. How do the latter relish this parade of their names and certificates before the public, in flagrant infringement of the Code of Ethics, in gross violation of every principle of good taste and in the companionship with newspaper puffs of "Buchu-paiba," "Rough on Toothache," "Mother Swan's Worm Syrup," "Rough on Rats," "Rough on Corns," "Rough on Coughs," *et ed genus omne*? Doubtless had they for a moment dreamt that their complaisant yielding to commercial solicitation for the certificates given, would have resulted in this unenviable notoriety, they would have hesitated long before accommodating the nostrum-monger:

INCOMPARABLE IN SICK HEADACHE.—Mr. Fred Horner, Jr., Salem, Vt., says: "To relieve indigestion and so-called sick headache, and mental depression incident to certain stages of rheumatism, it is incomparable."—*Post and Tribune*, Jan. 10, 1883.

FOR WOMEN AND CHILDREN.—Dr. Jos. Holt, New Orleans, La., says: "I have frequently found it of excellent service in cases of debility, loss of appetite, and in convalescence from exhaustive illness, and particularly of service in treatment of women and children."—*Evening News*, Feb. 4, 1884.

NO PHYSICIAN NEED HESITATE.—Dr. S. V. Clevenger, Chicago, Ill., says: "Horsford's Acid Phosphate should be made officinal. It is the best eligible form for the administration of phosphorus, and no physician need hesitate to order it on his prescription blanks."—*Post and Tribune*, Dec. 15, 1883.

HORSFORD'S ACID PHOSPHATE—EXCELLENT RESULTS.—Dr J. L. Willis, Eliot, Me., says: "Horsford's Acid Phosphate gives most excellent results."—*Free Press*, Dec. 8, 1883.

A VALUABLE NERVE TONIC.—Dr. C. C. Olmstead, Milwaukee, Wis., "I have used it in my practice ten years and consider it a valuable nerve touic."—*Post and Tribune*, Jan. 24, 1884.

VERY SATISFACTORY IN PROSTRATION.—Dr. P. P. Gilmartin, Detroit, Mich., says: "I have found it very satisfactory in its effects, notably in the prostration attendant upon alcoholism."—*Evening News*, Jan. 25, 1884.

VALUABLE MEDICINE.—Dr. W. H. Parmelee, Toledo, Ohio, says: "I have prescribed the 'acid' in a large variety of diseases, and have been amply satisfied that it is a valuable addition to our list of medicinal agents."—*Post and Tribune*, Dec. 13, 1883.

ASSISTS MENTAL LABOR.—Prof. Adolph Ott, New York, sasy of the Acid Phosphate: "I have been enabled to devote myself to hard mental labor, from shortly after breakfast until a late hour in the evening without experiencing the slightest relaxation, and I would not now at any rate dispense with it."—*Post and Tribune*, Dec. 11, 1883.

IN SEASICKNESS.—S. S. Parker, Wellington, O., says: "While crossing Lake Erie, I gave it to some passengers, who were seasick, and it gave immediate relief."—*Evening News*, Dec. 12, 1883.

We are cognizant of the actual occurrence, a certificate to which, added to the above would, we are convinced, be of immense pecuniary profit to this Horsford Acid Phosphate Company: The Acid Phosphates, it is of course well-known (or at least the claim is well advertised) is an admirable prophylactic against the depression following the indulgence to which gentlemen of convivial habits are prone. At a little meeting of such gentlemen one evening, a year or more ago, this alleged property of the wonderful preparation was freely canvassed, and on the strength of the claim the potations were increased beyond the usual number and size, each draught being fortified with the "Acid." Now, one of these gentlemen was a benedict to whose olive branches there had not been an addition for, lo! several years. On the day following the symposium referred to, this benedict spoke eloquently, but with some misgivings as to consequences, of the aphrodisiac properties of the "Acid." These misgivings were demonstrated, at the end of the usual 280 days, to have been well-founded. With the names of the parties in its possession the Acid Phosphate Company would be prepared to be more specific in its claims for certain properties in their nostrum.

The methods of the manufacturers above referred to, and the inexcusable gullibility of their dupes in the medical profession, are all the more to be condemned because there are on the market equally valuable preparations to that which they extol, manufactured by reputable firms and unprotected by copyrighted trade-mark, patent or other monopoly device. The preparation made after the formula devised by Prof. William Pepper, of the University of Pennsylvania, and sold under the name of Liquor Acidi Phosphorici, may with benefit be substituted for the compound in all the conditions for which the latter is lauded. Each fluidrachm of this preparation contains:

3 grains phosphate lime,
2 grains phosphate magnesia,
1½ grains phosphate potassa,
With excess of free phosphoric acid.

It would seem fitting, did space permit, to follow the above reference to the use which the proprietary medicine manufacturer makes of physician's certificates in introducing his wares directly to the public, with a few remarks on the duty of the medical press in the premises. It is the plan of this class to first secure the quasi endorsement of their nostrums by the medical profession, and to vest them with a certain patent of respectability, by advertising them freely in the medical press. In due time advertising through this channel gives way to advertisements directly to the consumer. The medical journals having been utilized for the purpose indicated, are now either discarded entirely, or are offered prices for their space which shows very clearly the estimation in which the patronage of the profession is held. The medical press is a cat's-paw, which these gentlemen employ in furtherance of the scheme of spoliating the income of the profession, through their creation of a direct market with the public. It would be alike to the pecuniary interests of practitioners and conducive to professional integrity and self-respect, for the medical press to refuse to longer suffer itself to be a tool in the hands of the nostrum-monger.

The Michigan Medical Act.

AT the last session of the Legislature of this state a bill was introduced for the regulation of the practice of medicine. After being slightly amended it passed both houses and received the governor's signature, and went into effect on September 6th last. It provides that all physicians qualified under its provisions shall register their names, date and place of graduation and "school" of practice, with the clerks of their respective counties. The qualifications which it imposes, are the possession of a di-

ploma from some legally constituted medical college, or in the absence of a diploma, an affidavit of five years' practice prior to the date of operation of the act. In view of the fact that this Act is now one of the laws of the State, any argument of either its merits or its demerits, does not come with the sphere of this journal, and we refer to it at this time simply with a view to promulgate a decision from the Attorney-General, covering a point in it which was somewhat ambiguous and perplexing to those interested. Under a provision of the Act the time fixed for registration was the three months ending December 6th last. No provision was made for subsequent registration of those who might qualify for practice, and it was held by many that under a rigid construction no more physicians could engage in the practice of their profession until the Act has been amended. To set this question at rest Dr. Henry B. Baker, Secretary of the Michigan State Board of Health, addressed a communication thereon to the Attorney-General, and requested from that official a reply. We reproduce herewith the Attorney-General's interpretation:

"Yours relative to the proper construction of act 167, laws 1883, entitled 'An Act to Promote Public Health,' and inquiring whether physicians could lawfully register after the time fixed by statute for the registration of physicians, is at hand, and in reply would say, that physicians *can lawfully register at any time.*

"The act after declaring the necessary qualifications for the practice of medicine in this state, requires that persons so qualified should within three months after the law took effect, file with the county clerk the statement therein set forth.

"The three months after the law took effect, as specified in the statute, was simply a limited action of time beyond which no person could lawfully practice medicine without being registered.

"The person who failed to register within that time, but practiced as a physician, made himself liable to the penalties prescribed in the act, and is also barred by sec. 4 of the act from recovering pay for professional services rendered subsequent to the time when he should have registered and prior to the time of his compliance with the law. A removal to another county would necessitate a new registration.

"Yours truly,

"J. J. VAN RIPER,

Attorney-General."

Physiological Production of Pepsin.

A METHOD of turning a physiological fact to commercial advantage has recently been suggested, and the suggestion has been freely circulated in the medical press, without, however, in so far as we have been able to ascertain, having been put to the test of practical experience. It is well known that the sight of savory food excites in the hungry an excessive flow of saliva ("makes the mouth water") and stimulates also an increased secretion of gastric juice. The suggestion referred to, is to keep pigs for a sufficient time, before slaughtering them, without food, to develope in them a strong sensation of hunger, in which condition they are to be turned into a pen containing a trough of savory hot mash, which they are, however, prevented from reaching by the intervention of a wire screen. The sight and odor of the tempting exhibit having had their full physiological effect, the pigs are to be killed and their stomachs removed for their pepsin. The idea is a brilliant one, and we shouldn't be surprised if "there's millions in it." If some genius should only devise some means of collecting the saliva secreted at the same time, it might be turned to account by some of our enterprising copy-righted trade-mark friends. How would "Salivine, the most Valuable Remedy yet discovered for the Digestion of Starch," look on a label?

Medical Testimonials for Sale.

THE London Lancet mentions an occurrence which goes to show that the British profession is not altogether wanting in certain elements, the existence of which in the profession of this country are doing much to scandalize it. The occurrence referred to is the offer from a medical man to supply, for a pecuniary consideration, testimonials in laudation of the goods of a certain manufacturer. Our contemporary holds that the more chary medical men are in granting testimonials the better, and that there is one golden rule, at least, to be observed, that where they feel moved to publish testimonials of important preparations, they do so "without commercial solicitations and rewards." This sentiment would furnish an admirable text and timely for the medical press of this country. It would be interesting to know the percentage of names on the long lists of testimonials appended to the advertisements of nostrums which have been furnished "without commercial solicitation and reward." We would by no means seek to insinuate that even a small percentage were given for pecuniary reward, but it would, we think, be safe to assert that without "commercial solicitation" these advertisements would "as brief appendixes wear, as Tam O'Shanter's luckless mare." Is it not high time that the abuse be corrected?

Worcester's Unabridged.

WE would call the attention of our readers to the advertisement of Messrs. J. B. Lippincott & Co. in the present number of this journal, of "Worcester's Large and Unabridged Dictionary." It has long been our favorite and with the many additions since its full issue we look upon it as one of the best if not *the* best work of the kind.

EDITORIAL ABSTRACTS AND ANNOTATIONS.

The Treatment of Migraine.

The N. Y. Medical Journal, of Nov. 17, 1883, contains three articles on the treatment of migraine, by Drs. W. A. Hammond, Allan McLane Hamilton, and Alfred L. Carroll, respectively. Dr. Hammond's article is especially noticeable. He considers a clear conception of the condition which obtains in each separate case as essential to successful therapeusis. The non-success of treatment is chiefly traceable to empirical formulæ, constructed on gun-shot principle, and directed to stomach, liver, nerves, etc., which

have been in vogue. He recognizes two varieties: the angio-spastic and the angio-paralytic. In the first the pain is due to spasm of the blood-vessels by which their calibre is diminished, and from which a state of anæmia of the parts of the encephalon to which they are distributed, is produced. This is characterized, in addition to the pain, by nausea and vomiting, noises in the ear, circles or flashes of light in the eyes, and mental and physical prostration, by certain oculo-pupillary and vaso-motor disturbances, which latter are usually easy of recognition as follows:

During the paroxysm it is sometimes observed that the pupil of the affected side is dilated, while the eye-ball is apparently sunk deeper into its socket than in its normal condition. The face and ear of the side on which the pain exists are pale and cold to the touch, and the temporal artery is contracted, so as to give, when compressed, the sensation of a tight cord. If the bulb of a thermometer be placed in the external auditory canal, it will be found that the temperature is about 0.5° F. below that of the unaffected side. Whatever tends to diminish the flow of blood to the painful region increases the intensity of the symptoms, while on the other hand, whatever increases the quantity of intracranial blood lessens the pain and the severity of the other phenomena. Thus, if pressure be made on the common cartoid of the side corresponding to that of the disease, the symptoms are increased in violence, while pressing on the opposite catroid, by causing a diversion of blood through the other artery, diminishes the suffering.

In the second form the opposite condition, of relaxation, of the vessels exists. During the paroxysm of this variety the pupil is contracted, as is also the opening of the eyelids. The face and ear of the affected side are red, and feel hot, and there is an absolute increase of temperature. The thermometer, the bulb of which is inserted into the external meatus, shows an increase of from 0.2° to 0.5° F. over that on the sound side. The temporal artery is enlarged and tortuous, aud beats with increased force; compression of the carotid on the side corresponding to that of the disease lessens the pain, and whatever tends to increase the intra-cranial blood intensifies all the symptoms. The fundus of the eye is, as Möllendorf observed, of a bright scarlet color.

Sometimes these conditions alternate, one paroxysm being of the spasmodic variety, and another presenting all the phenomena of the paralytic type. Occasionally both may exist at the same time on opposite sides. At other times the oculo-pupillary and vaso-motor symptoms are absent, the pain alone being present. In such cases experiment only can determine the nature of the existing seizure.

Such being the pathology of migraine, the principles of treatment are clear and specific. In general terms, the indications are, in the spasmodic form, to relax the spasm of the vessels and to augment the quantity of intra-cranial blood; in the paralytic form, the treatment should be directed to increasing the arterial coats, thus lessening the flow of blood to the brain.

In the angio-spastic type Dr. Hammond usually administers at first a hypodermic injection of about a quarter of a grain of morphine. Then gives, every fifteen minutes, a pill containing a drop of a one-per-cent. solution of nitro-glycerine, or a drop of the one-per-cent. solution on a lump of sugar. If the differential diagnosis has been correctly made, this plan will cut short nearly every paroxysm in which it is used, and in which there are no specific ætiological complications. If, for instance, the cause is malarial, a large dose of the sulphate of quinine should be used instead of the morphine. Half a drachm will not be too much in ordinary cases.

In the intervals between the paroxysms, nitroglycerin, or glonoin, as it is often called, should be given steadily for several months, a drop of the one-per-cent. solution being taken three times a pay. In addition, the bromide of sodium, or some other of the bromides, should be persistently administered during the same period. Their influence is antagonistic to all kinds of spasm, and hence they tend to prevent that condition in the vascular coats.

In the angio-paralytic form of migraine, galvanism, applied as in the form just considered, is often equally efficacious in cutting short a paroxysm. Cold to the nape of the neck is also useful, and compression of the carotid artery of the affected side with Dr. Corning's instrument, sometimes acts like a charm. Internally, thirty to forty grains of guarana will often cut short a seizure, as will also ten grains of caffeine, or even strong coffee or tea.

Better still is a large dose—a hundred grains—of the bromide of sodium. This rarely fails to abort a paroxysm.

The bromides not only relax vaso-motor spasm, but they give tone to the vessels the coats of which are relaxed.

In the intervals between the paroxysms the treatment should consist of the bromides, ergot, and strychnine. In those cases in which the symptoms other than the pain are not so decided as to admit of an exact diagnosis being made—and they are not uncommon—the treatment must be experimental. Often however indications for the therapeutics can be obtained by pressure being made on the carotid artery of the affected side. If the case be one of the spasmodic type, the pain will be increased by this procedure; if it is of the paralytic form, the pain will be diminished.

In both forms the stomach and bowels must be kept in good condition. Sometimes attacks of either kind are caused by undigested food of the stomach or intestines, and an emetic or a purgative aborts it at once.

Dr. Carroll has found good results in some cases to follow the employment of cannabis indica between the paroxysms. We can endorse this treatment, in selected cases, from our own experience. The class of cases in which it is valuable is the angio-spastic. We have found the nitrite of amyl a valuable aid to the diagnosis of this variety. The physiological effect of this drug is to cause a relaxation of the blood vessels supplying the brain, with consequent relief of the anæmia, to which the pain is at least partially due. It accomplishes promptly and temporarily what cannabis indica is expected to do more slowly and permanently. If, therefore, during the paroxysm the inhalation of a few drops of this relieves the pain, the variety is probably the angio-spastic, and the prolonged use of cannabis indica between the paroxysms, may be resorted to with considerable hope of permanently good results. The dose should be small—from one-third to one-half grain of the extract.

Nitro-Glycerine and Chloride of Gold and Sodium in the Treatment of Albuminuria.

At a stated meeting of the Philadelphia County Medical Society, reported in the Medical News of January 19th, Dr. Roberts Bartholow read a paper on this subject. After a review of the pathological conditions which obtain in albuminuria he gives the results which he has noticed to follow the employment of the remedies indicated. We shall refer to the pathology only in so far as it is necessary to pave the way for an intelligent exhibition of these drugs. Albuminuria is a symptom of renal lesions of neural origin. There is a kinship between diabetes and Bright's disease, one affection being sometimes substituted for the other. Irritation of one part of the floor of the fourth ventricle is followed by diabetes; of another part by albuminuria. Irritation of the vaso-motor centre in the medulla is a cause of the increased vascular tension which is present in albuminuria, and it was this increased tension which suggested the employment of nitro-glycerine—an agent which, before all others, reduces vascular tension. It also lessens the work of the heart by removing the inhibition exercised by the pneumogastric nerve. In cases of mitral lesion accompanied by albuminuria, by diminishing peripheral tension it lessens the work done by the heart and assists in the more equable distribution of the blood. The effect of this in relieving renal congestion is obvious.

Chloride of gold and sodium is beneficial through another physiological property. It stimulates the ovarian and uterine organs in the female, the testes and vesiculæ seminales in the male, and the kidneys, through which the drug is eliminated, are decidedly affected in function and structure. Hahnemann profited by this knowledge and his followers employ their *aurum potabile* in the treatment of renal diseases with success.

Dr. Bartholow prescribes the following plan for the administration of these drugs:

The initial dose of nitro-glycerine is 1-100 grain, which should be increased until the very characteristic physiological effects are produced. The susceptibility to the action of nitro-glycerine varies greatly, and hence the dose cannot be stated in advance. It is necessary to produce some obvious effect. To maintain the same level of action, a slight increase in the dose may be required from time to time. As the effect is not lasting, the interval between the doses should not exceed three or four hours.

The administration of nitro-glycerine should begin in acute cases immediately after the subsidence of the acute symptoms. It is indicated in chronic cases at all periods, but is more especially useful if given before hypertrophy of the muscular layer of the arterioles has taken place. When it acts favorably, the amount of albumen in the urine steadily diminishes.

Chloride of gold and sodium is indicated in the subacute and chronic cases, especially the latter. The earlier it is given, the better, if structural changes are to be prevented or arrested. The good effects to be expected from it will depend necessarily on the extent of the damage already inflicted on the kidneys.

The usual dose is 1-20 grain twice a day, but this may be much increased, if necessary. At the outset 1-10 grain may be given; in a week the dose should be lowered to 1-15 grain, and after a month the regular dose of 1-20 grain should be steadily pursued, with occasional intermissions. Indigestion, gastralgia and colicky pains, nausea, or diarrhœa are occasionally caused by it; and, if so, the quantity administered must be reduced. It is usually borne without any discomfort, but after prolonged administration, salivation, weakness, emaciation, trembling, and other nervous phenomena may occur possibly. Such effects, however, are wanting in his experience.

The treatment of albuminuria by nitro-glycerine and the chloride of gold and sodium does not necessitate the exclusion of other means—hygienic, climatic, or dietetic. These remedies should, however, be given uncombined, at different hours, and their actions should not be hindered or obscured by the effects of other agents given with like purpose. To this general statement there may be two exceptions: with nitro-glycerine, amyl nitrite or sodium nitrite may be given; with the gold and sodium chloride, corrosive sublimate may be combined. If doubts may be felt in regard to the propriety of depending on the utility of these remedies, they need not be long experienced, for if no good effects are observed in two weeks, they may then be discontinued.

Some Points in the Treatment of Constipation.

Dr. James Sawyer, Professor of Therapeutics in Queen's College, Birmingham, contributes an exhaustive article on the treatment of constipation and intestinal obstruction, to the British Medical Journal of November 17th last. He calls attention to the error of confusing these terms, and particularly of regarding obstruction as but an aggravated form of constipation. Constipation concerns the large intestines only; intestinal obstruction, the whole of the intestines, small as well as large. Obstruction is a grave condition, and signifies an impermeability of the intestines to the passage of their contents. Constipation is, essentially, slow progress of the feculent mass from the cæcum to the anus.

Touching the question of the treatment of constipation, Dr. Sawyer has the following:

The manifold errors of habits, of effort, and of diet, which tend to constipation, are well recognized by our profession. In the discovery of some of these, and in their timely and persistent rectification, we can cure, without drugs, many of the slighter forms of fæcal retention. We should make quite sure that we exhaust these measures in the treatment of every case of habitual constipation. In the slighter cases, such non-medicinal treatment is usually sufficient for a good result; in severer cases, drugs and when instrumental aid cannot be avoided, all that well-ordered habits, well-directed efforts, and well-chosen diet can do, should be regarded as the indispensable adjuvant of a more direct therapeusis.

The practitioners of rational medicine have accumulated a vast store of precise and valuable information concerning the actions of purgative medicines, and this important branch of therapeutics is still growing. Each of us has his favorite cathartics; if we have tried their adoption well, we should not lightly change them. For cases of habitual constipation which do not yield without drugs, my favorite remedy is socotrine aloes. I have little faith in belladonna, and none in nux vomica. Aloes is especially

useful in the fæcal sluggishness of sedentary persons. Properly given, the drug may be taken daily for years, without either losing its aperient efficiency, or producing any but the best results. I give one, two or three grains of socotrine aloes in a pill, combined with a quarter of a grain of sulphate of iron, and one grain of extract of hyoscyamus, at bedtime every night. I find out, in each case, the exact quantity of aloes required to produce one full alvine evacuation after the morning meal. In this combination, the quantity of aloes will need readjustment from time to time, usually in the direction of reduction. I shall mention only one other drug for the class of cases I am now considering, namely, the American cascara sagrada. From my former experience of so-called new drugs, I have learned to employ such preparations with much caution, and to recommend them with more. But I now venture to state that I have used cascara sagrada in two or three cases of severe habitual constipation with marked success. I have given from fifteen to thirty minims of the American liquor, thrice daily, adapting the dose by the result, and endeavoring to secure one, or at most two dejections, in each twenty-four hours.

The Bromide and other Salts of Nickel.

It is a somewhat singular fact, in view of the activity with which chemists and pharmacists have investigated the several kingdoms of nature in search of medicinal agents, that a metal so well-known as nickel, should not have long since been put to therapeutic test. It is true its therapeutic properties have not been wholly neglected, but such attention as they have received have been of a desultory nature. During the past year, however, Dr. J. M. Da Costa, of Philadelphia, has given the matter some thought, and the fact is a guarantee that such virtues as this long-neglected metal may possess, will now be speedily known. Dr. Da Costa's well-known enthusiasm and thoroughness in all he undertakes warrants this prediction. His experiments, published in the Medical News, have thus far been confined to the chloride, the sulphate, the acetate, the phosphate, and the bromide, and their results thus far have been to lead him to regard the sulphate and the bromide as the best preparations.

The sulphate of nickel is of a chrome-green color, very deliquescent, and very soluble in water. He used it in solution, from one to three grains; sometimes in pill; and found it, in the smaller doses, well borne by the stomach. In five grains, in some persons, it occasions giddiness and nausea. In this dose it has no decided effect on the pulse or temperature, perhaps lowering the former somewhat in frequency and slightly reducing the latter. Of its soporific effect he saw no evidence, but has known sulphate of nickel to prove something of an anodyne; for in a case of subacute rheumatism at the Pennsylvania Hospital in which it had been stopped, the patient asked to have it prescribed again, as his pains were much relieved while taking it. Of its striking tonic effect, which had been reported, he saw no proof. In night-sweats its action is only very slight. He had some excellent results with it in small, frequently repeated doses, or in doses from one to two grains four times daily, in cases of obstinate diarrhœa. In one such case, a man at the Pennsylvania Hospital affected with trembling associated with beginning sclerosis and valvular disease of the heart, it proved successful, after many remedies had failed. Continuing it subsequently, the heart grew more regular; the nervous phenomena remained the same. In some instances of chronic catarrh of the stomach it has seemed to do much good, but in this respect the chloride answers even better. In the case of a professional man with marked indigestion and some albumem in the urine, in whom iron produced headache and otherwise disagreed, the digestive disorder was speedily influenced, and the albumen disappeared while taking one grain of the chloride three times daily. More than this did not agree. It has also a calming influence on the nervous system. He tried the sulphate in some cases of typhoid fever in which diarrhœa was a prominent symptom. But while not having tested it sufficiently to have formed a positive opinion, its action was far less than had been anticipated.

With reference to the bromide of nickel, which has not been before employed in medicine: The specimens employed were very pure. They were made by digesting nickel filings in bromine and water, and evaporating carefully to crystallization. The salt is green in color, deliquescent, and soluble in water, and in the dose in which it is necessary to give it, is not offensive to the stomach. While the remedy may be prescribed in the form of pill made with gum tragacanth, it is preferably given in syrup. In using bromide of nickel the effects of the other bromides were produced, but the effect came from very much smaller doses. Thus five grains to seven and a-half grains is an average dose; ten, a decided one. And, when this is indicated, it is best to give five grains soon repeated, as less likely to disturb the stomach.

The influence on the nervous system, of the bromide of nickel, is shown by its relieving headache, especially of the congestive form, in its effects on convulsive movements, and its general quieting tendencies. But the main question to be solved was: Does it prove of service in epilepsy? Dr. Da Costa found it to act quite as well as any bromide, and as happens with all, we sometimes by a change to it obtain results which the others no longer yield. He gives a few illustrative cases.

The result shown from a smaller dose than that of the bromides which are generally employed, is a striking feature. Nor can this be accounted for by the bromide of nickel having in its combination a greater percentage of bromine. The combining weight of nickel is higher than that of sodium. Sodium is 23.3; nickel 29.5; potassium 39.2. There is, therefore, in the nickel bromide some special action.

Of course, this inquiry suggested a trial in epilepsy, of some of the other salts, such as the sulphate and chloride, to see if by themselves they had any specific influence similar to the preparations of silver and of zinc, and Dr. Da Costa prescribed these nickel salts to epileptics for some weeks before beginning with the bromide. The result was, the patients had fewer attacks. But while not inert, no striking influence was exerted by the drug; certainly, nothing that compared with the bromine salt.

In conclusion, it seems to Dr. Da Costa that the preparations of nickel, especially the bromide, will be found additions to our therapeutic resources; and are certainly worthy of more careful study than they have hitherto received.

The Bromide Salts in Abdominal Neuroses.

Dr. J. K. Spender contributes in an article in the British Medical Journal the conclusions of his experience in the use of the bromide salts in abdominal neuroses. He declares that the strong bond of therapeutic association between the bromides and the neurotic troubles of the head and chest tends to cause us to forget that these same drugs may be useful for the relief of nervous disturbances below the diaphragm.

No one claims for the potassic and sodic bromides that they can clear away heterologous exudation, and mend damaged textures. But those who are still old-fashioned enough to believe in "functional derangements," or dynamic force temporarily perverted, can easily understand that there are certain aberrations of the cerebro-spinal system, which, being of the same kind wherever they are situated, may be expected to yield to the same medicines.

For an elderly widow lady, tormented rather often with "emotional diarrhœa," Dr. Spender prescribed a few years ago some ordinary astringent remedies, with minute doses of opium, to be taken according to her needs. But, for another malady, sleeplessness, he gave occasionally moderate quantities of bromide of potassium. She discovered, however, that the latter remedy did her diarrhœa more good than anything else, and that, whenever it was taken at bedtime, the next day passed without any alvine looseness.

Fourteen years ago Dr. J. Waring Curran recommended potassic bromide for the vomiting of pregnancy: but its real value could not be determined, as other things were combined with it. But Dr. S. has given the medicine in its pure form, and simply dissolved in water, and never without marked, though perhaps only temporary, success.

The distant echoes of cholera justify us in recalling some important observations by the late Dr. James Begbie, who spoke of bromide of potassium as able to strip that dread disease of some of its terrors (Edinburgh Medical Journal, December, 1866). He gave it in the earlier stage of collapse, and in quantities of twenty or thirty grains, at hourly, or even half-hourly, intervals; and he records the cessation of vomiting, the arrest of cramp, and the speedy return of warmth and color to the previously cold and livid surface. He tells us that the medicine was tried fairly, both in the Leith and Edinburgh Cholera Hospitals, and that its use in both institutions did not disappoint expectations. It is good to feel better fortified against the most painful and mortal of all abdominal neuroses.

This reference to the possible benefit of the bromides in cholera will recall to the minds of some the claims made for the bromide of ammonium in cholera by Dr. E. Halsey Wood, of Hersey, Michigan, a couple of years ago. We do not know the chronological relation between Dr. Wood's observations and those of Dr. Begbie above referred to. This difference, however, exists between the views of each, namely, that those of Dr. Wood were based on the physiological properties of the bromides and were thus largely speculative, while those of Dr. Begbie were the outcome of clinical observation.

The Cold Water Pack in Pneumonia.

Dr. Edward H. Sholl contributes to the Medical and Surgical Reporter a brief descriptive history of two cases of pneumonia treated by applications of the cold water pack. In the first case the temperature ranged from 105° to 106°, the pulse and respiration were rapid, the expectoration was of the characteristic viscidity and rusty hue, and the case from its exceeding gravity seemed hopeless. A lounge was prepared on which a heavy double blanket, well soaked with ice-water, was laid. In this, the clothing being removed, the patient was carefully rolled, and over this another pair of wet blankets was placed. The shock immediately gave rise to violent paroxysms of coughing, with abundant expectoration of rusty-colored sputa. In less than thirty minutes the temperature had fallen a degree and the restless, tossing mortal had become quiet; in one hour she was sleeping a gentle and undisturbed sleep. The temperature was closely watched, and cold water was poured over the blankets on any indications of a rise. Only one hand was left uncovered so that the pulse might be taken without disturbing the patient, who remained in the pack for seven hours, when, the temperature being sufficiently reduced, she was taken out, carefully dried, and put back in bed. Following this application improvement set in and continued to complete recovery.

The second case was that of a boy seven years of age, whose symptoms were equally grave with those of the first case noted. In this case, too, delirium had developed. The placing of the lad in blankets was followed by the same violent paroxysm of coughing, with expectoration. At the end of three hours in this case cold water having been poured over the body freely as the temperature manifested a disposition to rise, the temperature was sufficiently reduced to warrant the removal of the patient, who was thoroughly dried and put into a warm bed. Improvement from this time on was decided.

Dr. Sholl very naturally concluded from the results in these two cases that this plan of treatment merits consideration in those grave cases in which the high fever and delirium usually portend a fatal issue.

The Treatment of Glycosuria.

In an exhaustive paper on glycosuria, read before the Chicago Medical Society and published in the Detroit Lancet, for January, Dr. Oscar C. DeWolf treats of the etiology, symptomatology, pathology and treatment of glycosuria. The gist of the paper is contained in the following summary:

First.—Glycosuria, properly so-called, is met with in two forms; one due to cerebral anæmia—the "lean form;" the other due to cerebral hyperæmia—the "fat form." In both, digestive derangements act in a vicious circle on the cerebral condition. The indications are to modify the cerebral circulation and to relieve digestive derangements. The last can be accomplished by dietetic treatment, by proper hygiene, and by the use of remedies like the alkaline waters. The first is accomplished indirectly in the manner just described, and directly by opium, codeine, morphine, quinine, salicylic acid, iodoform, carbolic acid, etc., in cerebral anæmia; in cerebral hyperæmia by arsenic, the bromides, ergot, etc.

Second.—In cerebral anæmia it may be desirable to alternate the agents useful in that condition, and a combination of quinine and codeine, or quinine and morphine, or quinine and glonoin, can be used with advantage.

Third.—In judging of the effects of treatment the fact that senility, pregnancy, hysteria, epilepsy and other nervous diseases, cause prolonged intermittent types of glycosuria should not be forgotten.

Fourth.—In certain cases of glycosuria there is a normal equilibrium nearly established, for which reason dietetic or other treatment may *per se* prove curative.

Fifth.—A combination of the alkaline waters and the cerebral agents mentioned is likely to be of value in all cases, the cerebral agents being varied to suit the case.

Sixth.—That in all probability most, if not all, cases of coma in their early stage do not have a toxic element about them, and in cases of coma intestinal derivation and cardiac stimulation are indicated.

Salicylimania.

The Medical and Surgical reporter called attention in a late issue to the dangers which lurk in the indiscriminate employment of large doses of salicylic acid in rheumatism. The warning which it sounded is, in our opinion, well-timed, for there has undoubtedly been a vast amount of empiricism in the use of this drug.

Some physicians, says our cotemporary, seem to be afflicted with a form of disordered cerebration, to which might be attached the term *salicylimania*.

As so often happens when some new and truly valuable remedy is given to the profession, there are some who seem to lose their reason, and rushing headlong into the reckless use of these really beneficent articles, bring them into disrepute, just as *abuse* has so dismissed the *use* of venesection. Salicin and salicylic acids are unquestionably among the most valuable articles in our materia medica, but for all this, they are *drugs*, and all drugs must be handled cautiously, else they are potent for harm.

A case of "simple uncomplicated rheumatism" with a "fatal" termination, is reported in one of our recent English exchanges and a correspondent commenting on the case, hints very broadly that the death was rather due to maltreatment than to the disease.

That there was much ground for this criticism will seem evident when we learn that fifty grains of salicin were given every two hours, and after three hundred grains had been taken, it was ordered to be continued every two hours, if not asleep.

The next morning sixty grains of salicin were directed to be taken every second hour, and on the next to be continued, and about a minute before midnight the patient died.

The correspondent says: "As the only fatal case of rheumatic fever which has occurred in my practice of nearly forty years was treated with moderate doses of salicylate of soda, and I have recently heard of another, it seems very desirable that some notice should be taken of the case just reported in the *Lancet*, and a warning given to the medical practitioners who prescribe the drug."

It would seem that we are destined to find in salicin and its compounds, remedies equal in therapeutic value to quinine and morphia, but like these two drugs, it must be used intelligently. It might be said that when used in about the same doses as quinine, we will be on the safe side, but when one resorts to such mammoth quantities as those indicated above, he had better be sure that there is a coroner near at hand.

Simplicity in Practical Medicine.

Dr. James F. Hibbard has an article in the Louisville Medical News embodying a plea for simplicity in medication, which merits a thoughtful perusal. The argument is in favor of a more practical recognition of the natural powers which make for health, in all diseases, and urges the necessity of a deeper study of each individual case in order to the removal of the trammels to these powers, which disease imposes. He reviews in illustration, the treatment of typhoid fever by twenty-two of the authorities who have written thereon during the past half century, the conclusions from which he holds are strongly corroborative of the sentiment of Burserius: "For the less the operations of nature are disturbed by art, the milder and safer the remedies which we employ, the more successfully do we restore the patient's health."

As a recapitulation of the chief points made in his article, he presents the following aphorisms as his political creed:

Every physician should have an abiding faith in the power, and the value, and the necessity of medicine.

All medicine that has force enough to do good if rightly given, may do evil if wrongly given.

Medicine should not be prescribed unless a clear necessity is recognized for its employment.

This necessity may arise from the patient's physical condition, from the patient's mental condition, or from the mental condition of others.

In all cases the least disturbing remedies that will meet the indications should be prescribed.

In all illnesses nature is the grand factor in restoring health; the role of art is that of an auxiliary and assistant.

Much thought and talk about disorders may be a cause of ill-health in the parties so thinking and talking, and is at least a mark of ill-breeding; and a lack of good manners.

Details of personal distempers should only be made to the physician for his guidance, or to attendants, as an aid to nursing.

Routine in practice is never scientific, and is liable to be mischievous.

Fashions in therapeutics should be followed only when the new mode has the sanction of one's scientific knowledge, or is sustained by unimpeachable testimony.

The guiding motto of every medical practitioner should be, "All diseases should be trusted to nature when art cannot declare an assured benefit by intervening."

Evolution in the direction pleaded for in this paper must come through the experience of the gray-beards in the profession; the young physician must practice what he has been taught, and he neither sees in a text-book or hears from a professor's chair a remembered plea for simplicity in medical practice.

The Administration of Quinine.

There are probably few drugs which are administered more empirically than quinine, and in making making this statement we do not forget the fact that there are few drugs which have been made the subject of more thorough physiological tests. These physiological tests have developed such wonderful properties for it, that it is not strange that it should

have come to be held as almost a specific by that large proportion of the profession who find it much easier to practice medicine after set rules and formulæ, than according to the more correct principles of practice. The empirical use of quinine is particularly the rule in districts in which there prevails the so-called "malarial element." In these districts the almost universal custom is to administer an anti-periodic dose of quinine before even an attempt at that study and analysis of the case, which is necessary as the basis of a scientific prescription. Unquestionably this use of this powerful drug may be justly credited with much injury.

In view of these facts we read with peculiar interest certain rules laid down in the Practitioner by Dr. David Young, of Rome, Italy. Dr. Young's experience in that very malarial region amply qualifies him for an opinion. He details all typical cases which began to all appearances as malarial fevers, and mentions in detail the results of the empirical use of quinine in them. From the results in these and other cases he concludes:—

1. When the bowels are confined and the urine scanty, anti-periodic doses should not be given.

2. In cases where quinine is being given, and an increased dose is thought to be desirable, such increase is safe if the skin, bowels and kidneys maintain their functional activity.

3. During the administration of quinine should a headache come on, or increase in intensity, the case requires the most careful attention.

Dr. Young makes mention of the somewhat remarkable fact that cases of chronic intermittent ague will defy quinine and yield to arsenic, or more curiously still, to Warburg's tincture, a preparation containing quinine in varying proportions as its chief ingredient, together with other substances which he holds to be unimportant. Very many patients who have a constitutional antipathy to quinine, and believe therefore that they cannot take it, are able to take the alkaloid if it is given with chloride of ammonium, or a salt of potassium.

Marsh Mallow in Palmar Psoriasis.

Hebra, than who there probably never lived any more able dermatologist, pronounced the following dictum regarding palmar psoriasis: "When you examine the hand of a patient and find on it the evidence of palmar psoriasis, be the hand the jeweled and perfumed hand of a queen or the dirty paw of a beggar, it is the hand of a syphiltic." The inference from this statement is very clear: that cases of palmar psoriasis demand anti-syphilitic treatment. In view of this fact an article by Dr. F. C. Berry, in the Practitioner, in which he claims beneficial results from marsh mallow in palmar psoriasis, is calculated to arrest attention. He gives a description of a case of this nature in an old man which presented all the pathognomonic symptoms of the disease. He prescribed for this case Fowler's solution in 3-drop doses, three times a day, and ordered the hand to be well washed with soft soap night and morning, and after drying, the application of an ointment composed of chrysophanic acid and vaseline. This treatment having failed of good results it was changed to another, and again to several others without effect. An old woman then appeared on the scene, who informed the doctor that the persistency of the case was due to the existence of a "fever in the blood" and that the said "fever" could be successfully removed by means of a marsh mallow ointment, the recipe for the preparation of which she indicated. The want of success with the regulation remedies encouraged the doctor to give an ear to the old lady's advice. The first application relieved the irritation, and in a month the skin of the hand had almost regained its natural appearance. It should be added, that the washings with soft soap were continued, although the internal medication was stopped. The ointment was prepared by cutting fresh marsh mallow leaves into small pieces, stirring them together with lard and boiling the mixture for half-an-hour, after which process it was strained through muslin or through a common kitchen strainer, when it was ready for use.

Petroleum in Phthisis.

The discovery of the remedy which shall cure phthisis is yet to be made. Theory after theory of the etiology of this fatal disease has successively been swept away. That which seems at present to be regnant seems to be the bacillus theory of Koch. Bacilli may or may not be the cause of the tubercle, but whether they are or are not, is practically a question of little importance,so long as the remedy remains undiscovered which shall destroy them or counteract their devastations. Until that remedy is discovered it behooves the profession to make use of such remedies, the empirical employment of which has been followed by the most satisfactory results.

Dr. Milton contributes to the Cincinnati Lancet and Clinic, a report of two cases in which the results following the use of crude petroleum mass, as recommended by Dr. Griffith, of Bradford, Pa., were highly satisfactory. In one case complete dullness of the left upper lobe of lung, no expectoration, hacking cough, poor appetite, night sweats, accelerated pulse and elevated temperature, all disappeared under the use of petroleum pills and the external application of the tincture of iodine.

In the second case the patient had pain in his chest, cough, expectoration and chills, for a year. There was emaciation of the body, slight dullness on percussion of the left upper part of lung, sharp pain with tenderness on pressure and percusion, hectic, dyspnœa, palpitation and dry, harsh skin. Petroleum mass pills, one five times a day, and counter-irritation over the lung, resulted within a month in sufficient improvement to warrant a continuation of the treatment. In six months the health had so improved that it was better than it had been for years, and at the date of report all evidence of pulmonary trouble had disappeared. Dr. Milton has also found the crude petroleum to be beneficial in all old chronic bronchial diseases. He is sure that this remedy is not receiving the attention which it merits at the hands of the profession. He thinks that in cases where its action has not been satisfactory the dose given was too large.

The Action of Saline Cathartics.

Dr. Mathew Hay concludes a report of his investigation of saline cathartics, in the Journal of Anatomy and Physiology, with certain statements, a regard for which would conduce the more intelligent

exhibition of this class of cathartics by the physician. It will be seen from these conclusions which we annex, that there is no property in saline cathartics which warrants their administration for other than the temporary effect of cleaning out the alimentary canal. They all tolerably closely agree in the ultimate effect which they have on the alimentary canal and the body generally. They cause no irritation or inflammation of the canal; stimulate, but in the smallest degree, the secretion of the more important digestive juices, as the gastric, the pancreatic and the biliary; have, under ordinary circumstances, little action on the blood; and mainly act by increasing the intestinal secretion and by hindering the absorption of the intestinal fluid. Their purgative action is, therefore, extremely simple. They sweep out the contents of the alimentary canal with the least possible disturbance of the digestive system, and of the other systems of the organism. Few other purgatives, if any, have so simple an action. The value, therefore, which has ever been assigned to them in the treatment of the occasional disturbances of digestion, to which almost every one of us is at times subject, and where the indications seem to be simply "to empty the canal," is quite justified by the results of this investigation.

The Prevention and Treatment of Chilblains.

An article on this subject by D. P. Dawson Williams, in the December 22d number of the British Medical Journal, will have a special interest to our readers in connection with a query in the January number of the THERAPEUTIC GAZETTE. Dr. Williams is of the opinion that a chilblain is something more than a congestion. It presents all the classical signs of inflammation—*rubor et tumor, cum calore et dolore*—in its first stage, and if neglected it shows itself in a tender superficial ulcer.

When practicable Dr. Williams would place the sufferer on the sick list for a day or two, during which poultices should be applied as in the case of other inflammations. Counter-irritants are useless. A possible exception to this statement exists in the case of iodine, but this acts more as an astringent. Collodion is worse than useless. Careful packing with cotton-wool is the most trustworthy treatment. A little calamine lotion applied first and allowed to dry, will help to allay the distressing itching.

Chilblains are most apt to occur when the atmosphere is cold and loaded with moisture. The bathing of the hands and feet at such times with hot, not tepid or warm, water, and thorough subsequent drying are the best prophylactics. In persons peculiarly subject the stockings should be kept as thoroughly dry as possible, and tonic remedies, such as iron phosphate, should be administered for the relief of the constitutional condition which is usually at fault in those peculiarly liable.

Oil of Cloves as a Disguise to the Odor of Chloroform

The odor of chloroform is so very objectionable to some patients that it is very difficult to anæsthetize them in the usual manner. In order to overcone this odor, the plan commonly followed in England, according to the Deutsche Americanische Apotheker Zeitung, is to add to the chloroform a small quantity of ether and ethereal oil of cloves. In Prof. Nussbaum's operations, ten to twelve drops of the mixture are dropped upon a napkin employed in administering the chloroform. This so far corrects the odor of the latter that it is rarely refused by the patient.

Book Reviews and Notices.

A Treatise on Bright's Disease of the Kidneys, Its Pathology, Diagnosis and Treatment. With chapters on the Anatomy of the Kidney, Albuminuria, and the Urinary Secretions. By Henry B. Millard, M. D., A. M. With numerous original illustrations.

New York: Wm. Wood & Co. 1884.
Detroit: J. MacFarlane

Of the many books that have been written on special subjects within the last few years, we have met with no one that has given us so much satisfaction as that before us. The author has evidently made good use of his opportunities in the study of this formidable disease, now becoming so very common in this country as to make it essential that every physician become familiar with everything pertaining to it, and especially with its early diagnosis. On this latter point does the life or death of the patient depend. Our author has taken up his subject systematically and has so discussed it that the reader can almost see the disease before him. His illustrations are nearly all new and the result of his own personal investigation. His treatment of the disease is extremely rational. In addition to the various remedial agents that have had a reputation in the many conditions which complicate this dangerous disease, Dr. Millard has given great prominence to convallaria majalis, (lily of the valley) in those cases with insufficient power of the left ventricle of the heart. The first important accounts of this plant were given in this country by Dr. Ralph D'Ary, of Romeo, Michigan, who furnished in this journal of Oct. 1881, his own experience, and also gave translations of articles by eminent Russian physicians. In this journal of July, 1883, he gave cases of mitral insufficiency with cardiac dilatation and hypertrophy, general anasarca and ascites cured by convallaria. Dr. D'Ary is a gentleman with whom we are acquainted, and what he writes can be received with confidence. Prof. Beverly Johnson in a valuable paper in this journal, concedes its diuretic properties in this disease. Prof. Sée and Dr. E. P. Hurd also write favorably of its merits. As the value of a therapeutic agent depends so much upon its preparation Dr. Millard writes (page 175): "It is due to Parke, Davis & Co., of Detroit, Mich,, to state that we in the United States were for a long time indebted to them for the only reliable preparations of this plant that could be obtained."

From the beginning to the end the book before us is like an egg in that it is full of meat, so good that we cannot give preference of one part to another. It is a book every young practitioner should have in his library, not only to be on its shelves but to be read and studied. We most cordially recommend it to all practitioners of medicine.

A Manual of Pathology, by Joseph Coats, M. D., Pathologist to the Western Infirmary and the Sick Children's Hospital, Glasgow; Lecturer on Pathology in the Western Infirmary; Examiner in Pathology in the University of Glasgow; formerly Pathologist to the Royal Infirmary, and President of the Pathological and Clinical Society of Glas-

gow. With three hundred and thirty-nine illustrations. Philadelphia, Henry C. Lea's Son & Co. 1883. Detroit: Philips & Hunt (late John Willyoung.)

This is a new work and the present is its first appearance in an American dress. It is virtually a text-book for students and as such contains all that is new and of value. The author is evidently a master and writes about that which he knows. Himself a close student and deeply interested in the science of pathology, he has endeavored to so present the subject to his readers that they may easily seize upon the idea presented, and by reasonable application comprehend it.

We like to get hold of a new book; there is a freshness about it, especially when the author shows that he knows what he is talking about. The illustrations of Dr. Coats' book are not of the old stereotyped order that are seen in all works of this kind. With few exceptions they are new. The text explains them and the reader learns something new. Were we a teacher of pathology we should hail with delight this new work on the subject. Our space prevents our going into an extensive analysis of its merits and demerits. Suffice it to say that so far as we have examined it we cordially recommend it to both practitioner and student. The latter more especially.

A Treatise on Syphilis in New-Born Children and Infants at the Breast. By P. Diday, Ex-Surgeon to the Hospital De L'Antiquaele, Lyons. Translated by G. Whiteby, M. D., with notes and an Apendix by F. R. Sturgis, M. D., Professor of Venereal and Skin Diseases in the N. Y. Post-Graduate Medical School; Surgeon to the Venereal Division of Charity Hospital Blackwell's Island, etc., etc. New York: Wm. Wood & Co.

This book is a reprint of a work published by its talented author in 1858, and issued by the New Sydenham Society, in 1859. It was then commended very highly and we remember reading it with great pleasure and improvement.

The opinions then expressed have not to our knowledge been successfully controverted, and it is with pleasure we congratulate the Messrs. Wood in making it a part of their Library of Standard Medical Authors, for October, 1883. The appendix which been written by Dr. Sturgis, adds, in a statistical point of view, to its value. The subject of the work is one of great moment not only to the profession but also to the public, and it is a misfortune to the general practitioner that he cannot avail himself of the information given, outside of a subscription to the Sydenham Society's works or to Wood's Library of Standard Authors. We have urged upon our readers to subscribe for this Library and every number of it issued confirms us in the wisdom of the advice given. There is no discount on the value of this work to the series.

A Plea for the Cure of Rupture or the Pathology of the Subcutaneous Operations by Injections for the Cure of Hernia. By Joseph A. Warren, A. M., M. D., Member of the British Medical Association, Member of the American Medical Association (Judiciary Council), Member of the Massachusetts Medical Society. Formerly Surgeon and Medical Director in the United States' Army. Price $1,25. Boston: James R. Osgood & Co. London: J. & A. Churchill. Detroit: J. McFarlane.

This is a very interesting and instructive monograph, of some 120 pages, on the above subject. Knowing Dr. Warren as we do, we have more than usual confidene in what he writes. The subject is one in which all surgeons are interested, and if any treatment or appliances can be discovered that can permanently cure this uncomfortable, and oftentimes, dangerous condition, not only the surgeon, but also the patient will hail its introduction with delight.

Dr. Warren's treatment is simple, consisting of the injection of the extract of oak bark and the careful application of a truss which he has specially prepared for the purpose. Our space permits us only to call attention to the book, and hence we advise our readers to procure a copy and judge for themselves.

Epitome of Skin Diseases. With Formulæ for Students and Practitioners. By the late Tilbury Fox, M. D., F. R. C. P., and by T. Colcott Fox, M. B., M. R. C. P. Third American Edition, Revised and with Additions. By T. Colcott Fox, B. A., (Cantab.), M. B., London, Physician for Diseases of the Skin to the Westminster Hospital; Physician to the Skin Department of the North-West London Hospital, etc., and Medical Superintendent of the Fulham Small-Pox Hospital. 1883. Philadelphia: Henry C. Lea's Son & Co. Detroit: Philips & Hunt; (late John Willyoung).

This is a neatly printed manual of 240 pages and is, as it claims to be, an epitome of skin diseases. The first edition was received very favorably in America, since which much has been amended and re-written which brings it up to the standard of the present information. To increase its interest to the American dermatologist the classification of dermal diseases as adopted by the American Dermatological Association is given on page 31. Of its merits we need not speak, so well known is "Fox on Skin Diseases." It is brief and concise and convenient for the student, at the same time even more so for the busy practitioner who wishes to refresh his memory. The subjects are treated of alphabetically. We think an index would be preferable, especially for convenience.

The Extra Pharmacopœia of Unofficinal Drugs and Chemical and Pharmaceutical Preparations. By William Martindale, F. C. S., late Examiner of Pharmaceutical Society and late Teacher of Pharmacy and Demonstrator of Materia Medica at University College. With references to their use. Abstracted from the Medical Journals, and a Therapeutic Index of Diseases and Symptoms, by W Wyn Wescott, M. B., London, Deputy Coroner for Central Middlesex. Second Edition. 1883. London: H. K. Lewis, 136 Gower street, W. C

This is a capital manual of 330 pages. As its title states, its contents are made up of the unofficinal drugs, which are almost as common in the use of the practitioner as those known as officinal. Its object is to give the preparations from these drugs, their doses and properties, with the diseases in which they are applicable.

As no revision of the British Pharmacopœia has taken place for the last 16 years, many articles are found in this that have no place in the former, and which will most probably be added when the revision takes place.

To the English medical profession the work before us must be invaluable. It is very neatly issued.

The Australasian Medical Directory and Hand-Book. Edited and compiled by Ludwig Bruck. First year of Publication. Published at the Australasian Medical Gazette Office, Sydney, Australia.

This is a very neatly gotten up work of 194 pages, and gives the various medical acts pertaining to the different colonies; the medical and other scientific societies in Australasia; the scale of medical and surgical fees; the universities of Australasia; a short

history of 130 universities and colleges in all parts of the world; a complete list of the names of all known, legally qualified, physicians, surgeons, and general practitioners, resident in Australasia, etc., together with a general gazetteer and local directory of Australasia. It is really a very useful compilation, not only to Australasians, but also to business and professional people in all parts of the world.

A Digest of Materia Medica and Pharmacy. Forming a Complete Pharmacopœia for the use of Physicians, Druggists and Students. By Albert Merrell, M. D., Professor of Chemistry, Pharmacy, and Toxicology in the American Medical College, St. Louis, Mo., Member of the State Board of Health of Missouri.
Philadelphia: P. Blakiston, Son & Co.
Detroit: John MacFarlane. Price $4.00.

The object of the writer seems to be to present a condensed statement of such essential facts pertinent to each drug described as will form the ground-work for their rational employment in the treatment of disease. He has availed himself of the experience of others recorded in American and Foreign works on kindred subjects. The book is written in the latest style of its class and is so arranged as to be one of value to those for whom it is written. It is handsomely printed and bound.

Asiatic Cholera being a Report of the Outbreak of Epidemic Cholera in 1876, at a camp near Murrel, India. By Charles Moore Jessop, M. R. C. P., Associate of King's College, London, Brigade Surgeon, Her Majesty's British Forces.
London: H. K. Lewis, 136 Gower St. W. C., 1883.

This is a very interesting monograph, and in view of the probable introduction of this disease before many years, again in our midst, what the author writes may be of more than ordinary value to the neophyte in his treatment of cholera. From our personal knowledge of this disease, the author has written a valuable brochure.

Index to the Transactions of the American Medical Association, Vols. i—xxxiii. Prepared by William B. Atkinson, Permanent Secretary, Philadelphia.

It was very fitting that when the change was made from an annual volume of the Transactions of the American Medical Association to a weekly journal, that an index should be issued to close the series of 33 volumes. This has been satisfactorily done by Dr. Atkinson, and will prove of great value to all who have the privilege of owning a complete set or even a part of the Transaction. The price is one dollar.

Annual Report of the National Board of Health, for the Fiscal year ending June 30, 1883.

The Power and Duties of Local Boards of Healths. Circular issued to Health Boards and Health Officers by the State Board of Health, Wisconsin.
J. T. Reeves, M. D., Sec'y.

Report of Proceedings of the Illinois State Board of Health. Quarterly Meeting, Chicago, October 18–19, 1883. Dr. Jno. H. Rauch, Secretary.

A Study of the Tenth Census. The Increase of Insanity in the United States. Its Causes and Sources. By Foster Pratt, M. D., Kalamazoo, Mich. A paper read before the American Public Health Association at Detroit, Mich., November 15, 1883.

Vick's Floral Guide for 1884. A very handsome annual. Published by James Vick, Rochester, N. Y. Tells everything about seeds, plants and flowers. Send to the publisher for a copy.

Influence of Constant Use of High-Heeled French Shoes Upon the Female Form, etc. By S. C. Busey, M. D., Washington, D. C. Extract from Vol. vii Gynecological Transactions. 1883.

The Ovarian Cell. Its Origin and Characteristics. By T. M. Drysdale, A. M., M. D., Philadelphia, Pa. Reprint from Vol. vii Gynecological Transactions. 1883.

Relations and Duties of the General Profession Toward Insanity. By Jennie McCowan, A. M., M. D., Davenport, Iowa.

The Electro-Osteotome. A New Instrument for the Performance of the Operation of Osteotomy. By Dr. Milton Josiah Roberts. Reprint from Medical Record, October 27, 1883.

Bi-Chloride of Methylene. Used in a Junker's Inhaler. By Jno. H. McIntyre, A. M., M. D., St. Louis. Reprint from St. Louis Medical and Surgical Reporter, October, 1883.

We are pleased to inform our readers that the Messrs. Wood will continue the publication of their Library of Standard Medical Authors for 1884.

The following list will comprise the series. The publishers reserving the privilege of substituting some other work in place of one or two volumes if necessary.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS FOR 1884.

Legal Medicine. By Charles Meymott Tidy, M. B., F. C. S., Master of Surgery. Volume III.

On the Pathology and Treatment of Gonorrhœa. By J. L. Milton, M. D., M. R. C. S., Lecturer on Diseases of the Skin, St. John's Hospital for Skin Diseases, etc.

This work is fresh from the author's hand and treats in a very practical way of this common disorder.

Diagnosis and Diseases of the Heart. By Constantine Paul, Professor Agregé in the Faculty of Medicine of Paris. Illustrated by numerous fine wood engravings.

A Practical Manual of Obstetrics. By E. Verrier, M. D. Translated from the French. Edited by E. L. Partridge, M. D. Profusely illustrated with fine wood engravings.

Malaria and Malarial Diseases. By George M. Sternberg, M. D., F. R. M. S., Major and Surgeon U. S. Army; Member of the Biological Society of Washington, late Member of the Havana Yellow Fever Commission of the National Board of Health, etc.

Disorders of Digestion. By Geo. B. Fowler, M. D., Director of the Physiological Laboratory, New York Polyclinic; Visiting Physician, New York Infant Asylum, etc.

Diseases of the Urinary and Male Sexual Organs. By Wm. F. Belfield, M. D., Lecturer on Pathology and on Genito-Urinary Diseases, Rush Medical College (Post Graduate Course), Chicago.

Hooper's Physicians' Vade Mecum: A Manual of the Principles and Practice of Physic; with an outline of General Pathology, Therapeutics and Hygiene. Tenth edition. Revised by William Augustus Guy, M. B., Cantab., and John Harley, M. D., Lond., F. L. S. Volume I. Illustrated by wood engravings.

Hooper's Physician's Vade Mecum: A Manual of the Principles and Practice of Physic; with an outline of General Pathology, Therapeutics and Hygiene. Tenth edition. Revised by William Augustus Guy, M. C., Cantab., and John Harley, M. D., Lond., F. L. S. Volume II. Illustrated by wood engravings.

Medical Botany. A Treatise on Plants used in Medicine. By Laurence Johnson, A. M., M. D., Lecturer on Medical Botany, Medical Department of the University of the City of New York. Illustrated by colored plates, and numerous fine wood engravings.

Diseases of the Respiratory Organs. By Prosser James, M. D., Lecturer on Materia Medica and Therapeutics at the London Hospital. Illustrated by numerous wood engravings.

The Prevalent Disorders of Infants and Children. By A. Ernest Sansom, M. D., Lond., F. R. C. P., Senior Physician to the North-Eastern Hospital for Children.

New Remedies.

Erythroxylon Coca as a Remedy in Syphilis.—I have used very exclusiuely, during the past three years, in private and hospital practice, as an adjuvant, in the treatment of syphilis, the fluid extract of erythroxylon coca, and I have come to regard it as one of the most valuable agents at our command. Indeed, I know of no remedy which can take its place. I would not be understood as claiming that the remedy is a specific for syphilis, for such it is not, but that its marked tonic effect upon the heart, nervous system, and capillaries, and its power to invigorate the system, to improve nutrition, and to sustain life, is so great, that its use in syphilis, secondary to that of mercury and the iodide of potassium, is attended with results which no other agent now known to us possesses. It is especially useful in the anæmia and cachexia of the secondary period. Given then, with the mercurial, the adynamic effects of the disease are averted. In cases in which great debility has existed, and in which mercury is badly borne, this agent often so invigorates the system that the specific treatment may be resumed with comfort. I have seen markedly good results in bad cases of iritis, with the attendant debility, and in the cachectic rheumatoid affections. In many cases of extensive gummatous ulcerations improvement has followed both in the general nutrition of the patient and in the character of the sores, under the combined use of specific treatment and of this agent. In many instances the ulcers had remained either indolent or continue to extend, under local and specific treatment, until this agent was given, when a reparative tendency began. I have seen this so frequently, that I am thus confident in my statement. I have often seen iron and other tonics fail utterly to improve nutrition, and mercury to apparently have no beneficial effect, when, under the influence of coca, the health improved, and healing began in large ulcers. I have recently had under my care, at Charity Hospital, a number of cases of malignant precocious syphilides, in which the most favorable results were obtained from the adjuvant effect of this remedy. One point has struck me very forcibly in its use, and that is, that when taking it mercury can be pushed without bad results. Indeed, it seems that when this remedy is given mercury can often be used in larger doses, and is more efficacious than when it is not used. I have had, as have others, cases in which the use of mercury was invariably followed by such debility that it could not be given, and have been able, after a short preliminary period of treatment with the coca extract, to resume the mercurial with good effect. Then, again, this remedy is useful in the treatment of syphilis, by the fact that its stimulant action will largely replace that of alcohol. As is well known, in many subjects the benefits of treatment are more or less impaired, and often even lost, by reason of the patient's addiction to alcohol. There is no remedy which will replace this stimulant as will the fluid extract of coca. Thus, in practice I have often induced patients to cease drinking and to have no craving for alcohol, simply by giving them this agent, at first more frequently, and in larger doses, and then, as the craving grew less, the dose could be made smaller. Again, patients who have been for years accustomed to quite copious drinking, can be often made to partake very moderately and suffer no serious effects from the deprivation, so long as thay take the coca. Under these circumstanees, I think that I am warranted in bestowing the encomiums I now do on this great adjuvant remedy, which is alike beneficial for the old and the young of both sexes. The dose to begin with is generally half a drachm. My favorite formulæ are as follows:

℞ Fl. ext. erythroxylon cocæ, ʒij.... 60
Tinct. cinch. co.,
Tinct. gent. co., ȧȧ ʒj 30
M.

Dose.—Two teaspoonfuls, in a wineglass of water, three times a day; an hour after meals.

℞ Fl. ext. erythroxylon cocæ, ʒij.... 60
Tinct. gent. co.,
Tinct. cinch. co., ȧȧ ʒj 30
Elix. calisayæ, ʒjv..... 120
M.

Dose.—One tablespoonful, in a wineglass of water, three times a day; one hour after meals.

These tonics may be taken at the same time as the antisyphilitic remedy, since there is no incompatibility between them.

While, in general, the dose of half a teaspoonful of the coca will be found to be ample, I have seen cases where it had no appreciable effect and in which it was required to be given in teaspoonful doses, and others, but rare cases, require two teaspoonfuls, and still more rarely, three teaspoonfuls were required. I have usually found three daily doses sufficient, but I have, in urgent cases and in severe adynamic conditions, given four, and even five doses daily. As a rule, it is well borne by the stomach, and in but two cases had I to discontinue its use by reason of its causing acidity of the stomach. It should always be given after meals, since its action is apt to be too stimulating upon an empty stomach, causing a feeling of great fulness of the head, burning of the eyes, sometimes buzzing of the ears, and even a sensation of moderate intoxication. Each case has to be treated according to the indications derived from the indications derived from the use of the drug. In halfteaspoonful doses there are rarely any unpleasant cerebral or cardiac symptoms; hence this is a safe standard for the commencement of treatment. I may also add, that in all conditions of debility, even when not complicated or attended by specific disease, this cerebral and cardiac tonic is of the highest benefit. I have seen much improvement in phagadenic chancroids in debilitate subjects follow the use of this agent.—Dr. R. W. Taylor, in "*The Pathology ana Treatment of Venereal Diseases*," 5th Edition, 1883. p. 873.

Powdered Beef-Blood as an Alimentary Principle.—Our ideas of nourishing invalids with irritable and weak digestive powers have been somewhat revolutionized of late years by the remarkable results of Débove and Dujardin-Beaumetz with their methods of forced feeding; and they have clinically demonstrated that proper nourishment plays no unimportant part in the therapeutics of certain chronic and convalescent states. The indications for forced feeding are presented frequently in practice, much more frequently, indeed, than many will allow.

Though the cases in which Dujardin-Beaumetz and Débove have obtained their best results have been phthisical, the splendid results obtained by Weir-Mitchell and Playfair with systematic feeding, show that its application is not limited to that class. Many cases of hysteria, anæmia, chlorosis, and convalescence from acute diseases and organic affections are accompanied by loss of appetite and even disgust for food; due in great part to the fact that the stomach has become so unaccustomed to the presence of food that it has partially lost its digestive power, the best restorative of which is food in small quantities frequently repeated. As the normal bulk of food cannot be retained or digested, the quantity must be decreased, while the nutritive value must be correspondingly increased. For this purpose we have the various meat-powders, etc., many of which are valuable, though in some cases none can be relished, or even retained, on account of their insipid and, to some, slightly nauseous taste.

Excellent results have been obtained from the use of dried beef-blood. Recently Guerder, of Paris, has made an extensive trial of the dried beef-blood, made, however, by a new and improved process. Its advantages over powdered meat are: it is much cheaper, is superior to it in alimentary properties, representing seven times its own weight of fresh blood, and it exercises a more pronounced stimulant

action on digestion and on the general organism. Whether this stimulant action is due to the extractive matters of the dried blood, to its salts, or to the large proportion of iron contained in it, cannot be positively stated. It is highly probable, however, that the iron constitutes an important factor, as its proportion of 0.30 part per 100 is sufficiently large to represent medicinal doses of iron.

It is quite certain that the reputed indigestibility of blood is without foundation, as the blood-bread in common use in Sweden is highly nutritious and easily digested, as are the blood-puddings eaten in other countries.

Débove and Dujardin-Beaumetz have not had good results from the use of dried blood. Guerder attributes this want of success to the large quantities which they administered, and their faulty methods of preparing it. Indeed, their results with his preparation have been eminently satisfactory. Guerder had administered it in 51 cases. Of this number, 44 took it well, and without inconvenience, for several weeks. Three convalescents from typhoid fever were unable to retain it at all, while to the remaining 4, all chlorotics, it was disagreeable, producing unpleasant sensations in the stomach, and was sometimes vomited unchanged after several hours. While there is, of course, no fixed dose, we should be careful that the stomach is not imposed upon. A large spoonful may be given three or four times a day to children, with a little cold coffee, and two or more spoonfuls to adults. Pepsin may be added if it causes gastric disturbance. If the patient takes other food, the blood should be taken with it, preferably in a cold liquid, and, if necessary, disguised by some aromatic, as heat develops its peculiar taste and causes difficulty of absorption.

Although excellent results have been obtained from its use in chlorosis, convalescence from acute diseases, etc., its effects upon phthisical patients have been most remarkable. When the disease was not far advanced there was invariably an early increase of strength, weight and appetite. It is desirable that it be still further used, in order to determine, as nearly as possible, its exact value, and certainly, with Guerder's results, it is worth the trial.

Guerder's method of preparing the dried blood is as follows: Fresh beef-blood—sheep's blood is undesirable, having a very unpleasant odor—is defibrinated and cooked for five hours on a water-bath, then slowly dried in a current of warm air at a temperature of 104°–108° F. This demands at least three days, as every trace of moisture must be removed in order to prevent decomposition.

In this connection we may also speak of another article—highly nutritious, easily digested, and retained, and but little used—viz., raw eggs. The only objection to their use is the individual objection of the patients, and this only before the first is taken—for they seldom object afterward. The egg may be broken into a glass, care being taken that the yolk is not broken, a little salt and pepper added, if desired, and the patient takes it. He scarcely has the trouble of swallowing, for it goes down of itself. We have seen patients retain easily and even relish a raw egg, who could retain nothing else, more than six hundred being taken in one case within three or four months. It goes without saying that the egg should always be carefully selected; and, indeed, for fear that one which has seen its best days should disgust the patient, it were better to prepare it out of his sight.—*Medical Record.*

On the Nature of the Jequiritic Ophthalmia.—Sattler ("Kl. Mon. f. Augenheilk., June 1883) has gone very fully into the nature of the process set up in a trachomatous conjunctiva by an infusion of the jequirity bean. He used infusions of the same strength as Wecker employed, and found that there was a stage of incubation of about three hours between the application of the infusion and the appearance of the first subjective and objective symptoms. The symptoms at first increase slowly, then more rapidly to a considerable height, so that, within sixteen hours after a single copious application of a good infusion, all the signs of a severe conjunctivitis were present. From twelve to sixteen hours later, with never more than a single daily application, the process has reached its height, remains at this point for a day or two longer, and then begins to subside. The membrane is then more easily stripped off from the tarsal portion of the conjunctiva: but it is still very thick in the retro-tarsal folds, and very adherent to the parts. The secretion is abundant and purulent. On the fifth or sixth day the formation of a membrane upon the palpebral conjunctiva ceases; but a number of weeks elapse before all signs of redness, unevenness, and yellowish discoloration of the conjunctiva have disappeared. In some cases at the height of the inflammatory process, superficial clouding and dulness of the cornea, with loss of epithelium, make their appearance; but, if the infusion is not applied more than once a day, these corneal symptoms do not lead to anything serious. The intensity and duration of the inflammation may be markedly increased by a number of applications, especially if they are made somewhat rapidly, one after the other. By shortening the period of maceration of the beans to from three to six hours, a less violent conjunctivitis is produced. Increased concentration of the infusion makes it more active; but not the slightest proportional relation exists between increased concentration and increased intensity of inflammation. The effect of the infusion diminishes visibly with age, and finally disappears entirely. A very marked diminution of its activity also occurs when the maceration takes place in a hatching-oven at a temperature of 32° to 35° C., while its preparation with iced water, and standing for twenty-four days in a refrigerator, makes no perceptible difference in its activity. The microscopical examination of the infusion always showed the unmistakable forms of schizo-mycites, or cleft fungus, which must be classed as a bacillus, which existed in enormous numbers in the fluid. In the purulent secretion of the conjunctiva, as well as in the membranes stripped from the latter, the same bacilli were found, in the spore-bearing stage, but never in very considerable numbers. The secretion of the jequiritic ophthalmia, when introduced repeatedly into the conjunctival sac of another eye, produced a conjunctivitis which resembled the original inflammation, but was very much less intense. Bacilli-bearing spores were more abundant in the infiltrated conjunctiva, as well as in the sub-conjunctival tissue of the retro-tarsal folds, which was enormously infiltrated with a fibrinous and cellular exudation. Sattler undertook to make the jequirty-infusion free from germs by boiling, but in this he did not entirely succeed. By adding to the infusion of jequirity a solution of bichloride of mercury of the strength of one part in 10,000, the infusion was sterilized so far as the production of bacilli was concerned; but its application caused an intense conjunctivitis, which could not possibly be due to the sublimate, which is constantly used in the same strength as a disinfectant. Hence, the cause of the ophthalmia must be sought in the jequirity. The bacilli were prevented by the sublimate solution from germinating, but they were not robbed of their irritating qualities. The question whether the power of the jequirity-infusion to produce a peculiar kind of conjunctivitis depends upon the presence of the germ of a distinct bacillus, Sattler regards as settled in the affirmative. He then considers the question whether this bacillus, entirely separated from the original mother-liquor, still possesses the same pathogenetic properties, and this, after due experimental observation, he answers decidedly in the negative.—*N. Y. Med. Jour.* Nov. 10, 1883.

Convallaria Majalis, Adonis Vernalis, Etc.—Convallaria Majalis, or Lily of the Valley, is a new remedy for heart disease. The active principle is

an amorphous bitter glucoside, called convallaramin, obtained by treating the aqueous extract of the flowers by alcohol and chloroform. Dr. Sus' conclusions are as follows:

1. It is one of the most active cardic remedies.

2. In doses from ½ to 1½ gramme daily of the aqueous extract of the entire plant, it produces on the heart, blood-vessles, and respiratory organs effects constant and constantly favorable.

3. It produces copious diuresis.

4. Therapeutic indications:—(*a*) In palpitation due to exhaustion of pneumogastric. (*b*) In simple cardiac arhythmia, with or without hypertrophy, with or without valvular lesions. (*c*) In mitral constriction. (*d*) In mitral insufficiency, especially when there are pulmonary congestions. (*e*) In Corrigan's disease, the peripheral arterial pulsations disappear and respiration becomes markedly restored. (*f*) In dilatation of the heart, with or without (1) hypertrophy, (2) fatty degeneration, (3) muscular sclerosis. (*g*) In all cardiac affections, indifferently, from the moment that watery infiltrations appear, it is prompt and certain in its action. (*h*) In lesions with dyspnœa, the effect is less mrrked. In cardiac asthma, in combination with iodide of potassium, it is most useful. Finally, in cardiopathies with dropsy, the convallaria surpasses all other remedies. It has no deleterous effect and no cumulative action.

Some efficient drug having the action claimed for convallaria is certainly a desideratum in practical medicine.

Adonis Vernal's.—Dr. Dubnow believes that adonis is positively preferable to digitalis in cases of organic heart disease; and he finds that, like the convallaria majalis, it is not cumulative in its action. It belongs to the Ranunculaceæ.

Viburnum Opulus.—Hall recommends high cranberry as a powerful anti-spasmodic. It is known among American practitioners as Cramp bark. It is said to be very effective in relaxing spasms and cramps of all kinds, as asthma, hysteria, cramps of the limbs and other parts during pregnancy; but it is in spasmodic dysmenorrhœa that it seems especially indicated. Hall prescribes a few drops of the tincture for a week previous to the expected time. When the pains begin he gives it every half hour, and if severe, every quarter hour. According to Hall, in neuralgia and spasmodic dysmenorrhœa it has yet to meet with a single case which it has failed to cure.

Caffein in Heart Disease.—Prof. Lepine claims that caffeine is as efficacious as digitalis in retarding the heart's action and in increasing its force. In comparing the relative merits of the two drugs, he asserts—

1. It acts more rapidly than digitalis, and in fatty heart where the latter is contra-indicated, there is no doubt but that it does good.

2. It is tolerated better than digitalis.

3. Most patients prefer it to digitalis.

Where caffeine produces insomnia it is contra-indicated. To produce benefit the dose must be from 9 to 30 grains.

Iodoform.—Iodoform is highly recommended in diphtheria. The manner of using it is as follows: It is applied locally to the patches in its purity; with a camel's hair pencil, every two hours. Others use it by spray, in the aqueous solution; in this way it corrects fetor. According to Billroth, we possess no antiseptic, not excepting carbolic acid, that is so trustworthy in making a foul wound sweet.

It is affirmed and denied that it possesses anti-tuberculous properties. It has an influence almost specific over tuberculous swellings and ulcerations. Dr. Henry claims to have cured a number of cases of tonsillar hypertrophy and ulceration by iodoform spray. Its odor is an objection to its extensive use. —J. Gillies, M. D., in *The Canada Lancet*, Nov. 1883

Euonymin and its Preparation.—In the course of a paper on this subject, by Paul Thibault (in the Journ. de Pharm. et de Chim. [5], vol. viii. [1883], p. 113), the author remarks that the method said to be used in the preparation of the "resinoid" euonymin, namely, precipitation of the concentrated alcoholic tincture by cold water, cannot be the true one, because it actually yields only minute traces of a precipitate, and the latter differs entirely from the commercial article.

The author states that there are three different euonymins met with in the market, which he thus describes:

1. *Brown Euonymin* —A brownish-gray powder, of a peculiar taste, producing copious salivation when applied to the tongue. It is very hygroscopic, entirely soluble in water, to which it imparts a deep brown color; less soluble in alcohol and ether. Its solution is slightly precipitated by phosphomolybdate of ammonium, but neither by the double iodide of mercury and potassium, nor by acids or diluted ammonia. Ferric chloride colors it deep brown. It strongly reduces Fehling's solution.

2. *Green Euonymin, A.*—A green powder, of the same taste as the preceding, and equally hygrometric. Almost entirely soluble in water. The insoluble residue consists of chlorophyll. When deprived of this coloring matter by ether, it behaves towards solvents and reagents exactly like brown euonymin.

3. *Green Euonymin, B.*—A greenish, odorless powder, of very bitter taste, soluble in alcohol and petroleum, insoluble in carbon disulphide, only partly soluble in ether and chloroform. (This description is given by the author on the authority of Dr. Conil.)

Having ascertained that the alleged process of preparation could not be the one actually followed, the author made experiments and succeeded in obtaining products apparently identical with the commercial ones. His method of proceeding is as follows:

1. *Brown Euonymin.*—Moisten one part of the powdered bark of the root of euonymus with one-half part of alcohol of sixty per cent., pack it in a percolator and, after twenty-four hours, pour on five and one-half parts of alcohol of sixty per cent., and collect the percolate, displacing the alcohol gradually by water. Recover the alcohol from the percolate, filter the residue, and evaporate it on the water-bath to a syrupy consistence. Then add a little sugar of milk to prevent the separation of some fatty and resinous substances. Mix intimately, dry in a warm place, powder, and transfer to dry and well-closed bottles.

2. *Green Euonymin, A.*—Proceed exactly as in the preceding case, except that the evaporation and drying must be conducted at a temperature not exceeding 60° C. (140° F.). The product will then have the color of the chlorophyll which is contained in the herbaceous layer of the bark.

3. *Green Euonymin, B.*—To judge from the properties of this article, as described by Dr. Conil, it would seem as if it were prepared by exhausting enonymus twigs by means of light petroleum oils, with the aid of heat, then distilling off the petroleum, and evaporating to dryness. This preparation is very little active. [We believe it is unknown on this side of the Atlantic (?).—Ed. N. R.]

The therapeutic reputation acquired by euonymin is based on the brown variety above described. And this is the only kind which should be used in medicine.*—*New Remedies*, Oct., 1883.

Rhamnus Purshiana as a Purgative.—We believe this remedy to be the most valuable that has been added to our list of purgatives. As well as we remember it was introduced by Dr. Bundy, an eclectic physician, under the name of cascara sagrada, and by the enterprising firm of Messrs. Parke, Davis

* The author also mentions the fluid extract which, to a French public, is new enough to warrant mention and description. We are sufficiently familiar with it to omit mentioning it here, escecially since it is now also officinal in the new U. S. Pharm.—Ed. N. R.

& Co., it was brought to the attention of the general profession.

It was not well enough known by the profession in 1880 to find its way into the Pharmacopœia, and this is unaccountable, for the firm that introduced it were unsparing in the distribution of specimens of the fluid extract of the drug all over the country.

It is no new information that the buckthorns (Rhamus frangula and R. Catharticus) are purgatives; neither became popular on account of their griping effects.

Rhamus purshiana deserves to be better known, and nothing but ignorance or prejudice will exclude it hereafter from the standard drugs of the Pharmacopœia.

Its qualities as a purgative are peculiar. Unlike any other, except such as are combined with nux vomica, its purgative action is cumulative. The patient who commences with a teaspoonful dose of the fluid extract will find that he must diminish it daily to avoid hypercatharsis. A dose of sixty minims may be reduced daily until the minimum of from eight to four is reached, and after discontinuing the remedy for several days, the bowels remain still stimulated to action.

R. purshiana causes semi-solid stools, with little flatulence, and succeeds admirably with persons subject to hemorrhoids. It excites increased flow of bile, and relieves engorgement of the liver.

The mistake usually made in administering this drug is in giving it in too large doses. Its action is generally accomplished in doses of half teaspoonful of the fluid extract, in about four hours. Larger doses, except in persons difficult to purge, are to be avoided. It is more convenient, in cases of habitual constipation to give it before breakfast, rather than at bed time; or it may be given in ten or fifteen drop doses with each meal, for the first day or two. It differs from most mild cathartics in one very important respect, that a deferred inclination to stool, does not overcome the desire, although the delay should be for a few hours. For this reason it is especially valuable for travelers on railroads.

There are cases of acid dyspepsia, with constipation, in which it can be profitably given in combination with a solution of bicarbonate of soda in mint-water, or what is better still the solution of aloes and soda (known as Mettauer's Aperient).

The bitter taste of fluid extract of R. purshiana is its most objectionable feature. The best form of administration is the undiluted extract, although some elixirs have been devised which have become quite popular. These latter preparations are naturally enough supplanting the traditional nauseous dose of castor oil for lying-in women.—*North Carolina Medical Journal.*

Hoang-Nan.—There is at Tonkin a plant of the genus strychnos, the bark of which possesses very astonishing therapeutic virtues, if all that is said about it be true. This plant, or rather climber, is called in the Annamite language hoàng-nàn. We are indebted to M. Romanet du Chailland, of the Geographical Society of Paris, for our knowledge of the very curious therapeutic properties of this plant.

It is said that the knowledge of the medical virtues of the hoàng-nàn was formerly the secret of an indigenous family. The family having abjured their religion for Christianity, its chief did not hesitate to reveal this secret to the missionary who had instructed them in the Christian religion. It was thus that the abbot Lesserteur, to-day governor of the foreign missions in Paris, formerly missionary himself at Tonkin, acquired a knowledge of the existence of that strychnos and of its virtues, concerning which he wrote a work to which M. Romanet du Chailland refers.

The hoàng-nàn, according to these authors, cures hydrophobia. M. Lesserteur mentions two cases of declared madness which have been cured at Tonkin by the application of that remedy. One of these cases has been certified to him by a missionary named Perrier, established in the country for about twenty years. This missionary cured a young girl of fourteen years old, of the village of Xuan-Yen, at the height of the disease. M. Perrier gave to her three large pills (more than a drachm), and some moments after two others containing about forty-five grains. The patient fell as thunderstruck, then entered into lethargy, and was soon cured.

When the madness is fully declared, as in the case above, it is necessary, according to the abbot Lesserteur, to act with energy. The patient swallows, with the aid of a tablespoonful of vinegar, at first two or three pills, after these several others at short intervals, until twitchings of the feet and hands and contraction of the jaw-muscles are felt.

On account of giving water as a vehicle of the remedy, the experiment performed, it is said, with the hoàng-nàn in one of the hospitals of Paris, had no favorable result. The operator wished then to employ hypodermic injections, but the quantity brought to him was not sufficient, and while a stronger dose was looked for the patient died. M. Romanet du Chailland declares that the remedy is now being studied at the school of Alfort, and that the savant, M. Pasteur, had promised to experiment with it.

In Algeria three missionaries of the congregation of Africa, bitten by a mad dog, have been cured by this substance. But this is not the only property of the hoàng-nàn. They say that this strychnia is an excellent antidote to snake-poison. Studies on this subject would be of a great interest. Finally, the hoàng-nàn is asserted to have been used with success at Pondicherry, in the West Indies, and in Venezuela, to combat leprosy. It is also said that it is powerful for scrofulous and venereal diseases.—F. Emery, in *Medical Times.*

The Clinical Use of Jequirity.—Wecker lays down three propositions as to the value of jequirity in ophthalmic practice for consideration. 1. Lotions of an infusion of the grains of jequirity certainly give rise to a purulent ophthalmia of a croupous nature, the intensity of which may be regulated by the number of lotions and the strength of the solution employed. In cases of slightly developed granulations and slight pannus, he advises the use of frequent lotions (thrice daily for three or more days), with an infusion of two or three per cent. strength. In cases of ulceration or infiltration of the cornea, a two per cent. should be used. If the granulations are very thick and chronic, and there is a high grade of pannus, he thinks it advisable to produce an active inflammation as rapidly as possible by employing a five-per cent. solution two or three times a day. These lotions should not, however, be employed simultaneously on both eyes, because of the pain occasioned during four or five days, and because, owing to the extreme swelling and hardness of the lids as well as to the presence of masses of fibrin covering the entire extent of the conjunctiva and eyeball, the condition of the cornea can not be recognized. With the strong solutions may be obtained a real, virulent inflammation, extending to the lymphatic glands, which is sufficient to kill certain animals and to cause a phlegmonous inflammation of the most serious nature. 2. The cornea runs no risk during the evolution of the jequiritic ophthalmia, provided the number of the lotions be not too greatly increased, and do not succeed each other too rapidly, especially if the five per cent. solution be employed. Grave corneal complications have been observed when numerous lotions of the strong maceration have been employed within a short space of time. These complications may be avoided by using a very limited number of lotions, and by waiting until each lotion has produced its maximum effect—that is, from sixteen to twenty-four hours—before applying a second lotion. 3. The jequiritic ophthalmia, without doubt, destroys the

granulations very rapidly, if care is observed in the manner of making the applications.—(*Annales d'oculistique—N. Y. Medical Journal*, Nov. 10, 1883).

Warburg's Tincture in Miasmatic Fever.—For many years in treating miasmatic fever which would not yield to quinia, I have been accustomed to prescribe Warburg's tincture. According to my experience, it is worth all other succedanea put together.

About six years ago, a medical friend consulted me for intermittent fever, utterly rebellious to the power of the quinia salts. His health had suffered greatly and he was obliged to temporarily give up his practice. I prescribed the tincture of Warburg in half-ounce doses, taken on an empty stomach, early in the morning. It was rapidly and completely successful in its effect. Several months ago he applied to me with a recurrence of his old trouble, saying: "But Dr. don't give me Warburg. I think I'd almost as soon die as take it. Even when I look at the bottle containing it, I become nauseated. It is an awful dose to swallow!"

I begged him to go to his apothecary, have the tincture evaporated in a water-bath to such consistence as would allow it to be put into gelatine capsules and to take the equivalent of a half fluid ounce thus prepared.

It answered the desired end perfectly, without causing discomfort of any kind. Since then many patients have taken 'Warburg's Capsules,' with a like result. One of them contains the potency of two fluidrachms of the tincture. With some persons, rather too active purgation follows the ordinary dose of two capsules. This can be easily regulated, by leaving out or diminishing the amount of aloes in the original formula.

I have had excellent results, also, follow administration of the capsules made by evaporating the the modified Warburg's tincture, in which the alkaloids of cinchona replace the sulphate of quinine.

In cases of intermittent fever which are prone to recur, after having been once broken, I rely much more upon the daily dose of two capsules—taken early in the morning—than on any other remedy known to me.

The evaporated mass becomes hard very soon, unless glycerine be mixed with it before filling the gelatine cups.—Dr. Metcalfe, in *Medical Record*.

Antipyretic Action of Resorcin.—Sarbeck has examined this subject and finds that resorcin quickly reduces temperature, renders the pulse slower and firmer, dilates the vessels of the face and skin generally, and causes great perspiration, almost like pilocarpin. It lessens the frequency of respiration, and renders the brain clearer when it has been previously dull in consequence of the fever. The tongue is markedly influenced, it becomes moister and the brown crusts become changed into a yellowish-white fur. The action on the pulse and respiration is probably only due to the reduction of the temperature; while the action of the drug in lowering the temperature is exceedingly rapid, it is very transitory, and the temperature rises quickly again. It reduces temperature more quickly and to a greater extent than any other antipyretic. It is apt to produce cerebral symptoms resembling those of quinine or salicylate of sodium. Sometimes the restlessness of the patient becomes very great, the respiration more rapid, and dyspnœa may be present. The patient can hardly be kept in bed, and delirium generally of a lively character occurs. Frequently slight twitchings occur in the muscles of the eye, face, and extremities. Sometimes in the place of delirium deep sopor is produced; these symptoms quickly pass away. By giving the medicine in fifteen-grain doses every half hour the temperature may be kept low, but the cerebral effects still occur. They are not removed by combination with quinine, opium, or atropia. Resorcin is excreted by the kidneys—it does not irritate them in its passage or produce albuminuria. As a general antipyretic, resorcin is not as good as quinine or salicylate of sodium on account of the nervous symptoms which it produces. It may be serviceable, however, to cut short a single attack of fever, and may then be given at the commencement of the fit. It had no curative action in a case of ague which was at once cured by quinine. *Deut. Archiv f. klin, Med.* p. 515, vol. xxxii.—*The Practitioner.*

Lily of the Valley (Convallaria Majalis) as a Therapeutic Agent.—Dr. S. O. Van der Poel had noticed in late French journals that extract of lily of the valley was used largely in France in the place of digitalis, because of the tendency of this drug to produce nausea and sometimes to have a cumulative effect upon the system. In the case of a man who lost consciousness while driving in the park, and was found to have mitral stenosis and insufficiency with irregular action of the heart, Dr. Van der Poel at first found digitalis with quinine of benefit. Some months afterward the man returned, looking very pale, with loss of appetite, the heart feeble, the limbs œdematous up to the knees. Feeling that it was not best to push the the use of digitalis further, the fluid extract of the lily of the valley was substituted, in eight-minim doses twice a day. Marked improvement soon took place. The œdema disappeared in eight or ten days, the heart's action became more regular, and for some days afterward he had seen the patient riding out in the park. Also, in a case of internal cancer accompanied with œdema of the extremities, lily of the valley was given with the result of causing the œdema to disappear; over two months had elapsed, and, though the anæmic condition was extreme, there had been no reappearance of œdema, the lily of the valley having been given daily.

Dr. F. Delafield had used the drug in a number of different cases, as in organic heart disease, chronic Bright's disease, and feebleness of the heart in fever and pneumonia. It made the heart's action more regular and slower in a certain number of cases, and the general condition of the patient improved very much. He had found, like Dr. Van der Poel and Dr. Barker, that there was a great difference between different patients as to the size of the dose demanded. For some patients, five drops of the fluid extract every three hours answered the purpose, while other patients required drachm doses. The most marked benefit which he had derived from it was in the case of a woman over seventy years of age, who was apparently about to die of pneumonia. He took the risk of stopping alcoholic stimulants altogether, and gave her twenty-drop doses of the fluid extract of lily of the valley every three hours, and after this change was made the patient did very well indeed.—(From Report of Proceedings of N. Y. Medical and Surgical Society, in *N. Y. Medical Journal.*

Piscidia Erythrina as a Substitute for Morphine.—Landowsky ("Gazette hebdomadaire de médecine et de chirurgie, August 31, 1883) has found in a few experimental cases that piscidia erythrina possesses valuable sedative and narcotic properties. It is a leguminous plant, which grows in the volcanic soil of Jamaica. It takes its name from the property it has of narcotizing fishes—a property which the natives have long put to practical use. In the case of a physician suffering from a severe toothache, three grammes of an alcoholic extract of the bark (one part of bark to four of alcohol) were followed by a calm sleep of twelve hours, which did not leave any dullness or other disagreeable after-effects. In the case of six patients, suffering from various painful affections, M. Landowsky used Piscidia erythrina, instead of morphine, with happy results. "Without being conclusive, because of their small number, these experiments are nevertheless encouraging. If they result as it is hoped they will, our materia medica will have a precious substitute for opium,

with, moreover, this advantage, that it does not cause headache or other malaise, and does not constipate."

Professor Ott, of Easton, Pa., ranks piscidia as a narcotic to which the higher and lower animals are susceptible. In his hands it dilated the pupil, diminished the number of the respiratory movements, produced free salivation and diaphoresis, and lessened the frequency of the cardiac pulsations. In large doses it produces general paralysis and death from asphyxia. He found it to resemble morphine in many respects. He believes it can be used to advantage as an analgesiac and hypnotic in neuralgia.

Dr. Otto Seifert, of Würzburg, has observed good effects from piscidia in the obstinate cough of phthisis. —*New York Medical Journal.*

Cotoin and Paracotoin.—Cotoin and paracotoin are two but little known medicinal agents to which Albertoni has recently given some fresh attention (*Archiv. für Exp. und Pharmac.*, Sept. 1883). Eight years ago the bark called coto-coto was first brought to England from Bolivia. Of its origin nothing further is known. Two kinds of bark are described, coto verum and paracoto. The chemical composition of cotoin is represented by the formula C_{22} H_{18} O_6, which is the active constituent of coto verum. According to Burkart, the subcutaneous injection of one gramme of cotoin into rabbits gives rise to no effect. Pribram believes that this substance possesses antiseptic properties, and he has recommended its use in small doses for some cases of diarrhœa in children. Albertoni finds that repeated small doses increase the appetite of healthy men without causing unpleasant sensations and without producing constipation. Subcutaneous and intravenous injections of alkaline solutions of cotoin performed on rabbits and dogs were followed by no remarkable phenomena. No influence is exerted by this agent on the process of digestion. It does not become dissolved in the gastric juice, but passes unchanged into the intestines. There can be no doubt that the principle is absorbed and excreted by the urine, as Albertoni proved on himself. The characteristic secretions of cotoin consist in the appearance of yellow coloration with alkalies, red tint with nitric acid, and brown-golden with sulphuric acid. Investigations were also made to determine the influence which cotoin might exert on the process of decomposition, either in the intestines or outside the body. Taking the excretion of indol as the guide, it was discovered that during the administration of the drug phenol did not disappear from the urine. Nevertheless, Burkart and Pribram are right when they assert that in cases of diarrhœa under the medicinal use of cotoin the indican in the urine falls off. But Albertoni contends this is a secondary effect which depends on the cure of the intestinal lesions. From the other artificial experiments the conclusion is arrived at that cotoin is not able to hinder the putrefaction in the developement of bacteria either in or outside the animal organism. Injections of solutions of cotoin into the jugular veins went to show that cotoin could determine an active dilatation of the vessels of the abdomen. No other substance has yet been shown to possess a similar action on the vessels of the peritoneum, and of the intestines. Salvioli found by the artificial circulation of opium tincture that the quantity of blood flowing through the intestines was increased. Mosso has told us that chloral exercises a similar effect on the renal circulation. The vascular ditatation appears to be due to a paralysis of the muscular coat in the last two instances. As a matter of fact, opium and chloral lower the blood pressure, and after some time the circulation may cease. Paracotoin is a weaker cotoin in its physiological action. Therapeutically cotoin was found to be of value by Albertoni in cases of diarrhœa met with in the various forms of mental disease, in chronic intestinal catarrh, in looseness of cachectic states, in the relaxation of pellagra, phthisis, and rickets. Cotoin is contraindicated in states of severe hyperæmia of the intestines, and where a tendency to melæna exists. Larger doses (from fifteen to twenty centigrammes [gr. ijss. to iij.] per diem) were thought to be more efficacy than smaller ones. The powder in capsules or emulsion, with gum, etc., may be ordered, or a solution in carbonate of soda with water and glycerine. Fronmüller thought that the colliquative sweating of consumptives was relieved by the drug. Paracotoin acts pretty much in the same way as cotoin. The combination of magistery of bismuth with cotoin, it is suggested, will be found of special value.—*The Lancet*, Oct. 20, 1883.

Jequirity.—We have already called the attention of our readers to the remarkable properties of jequirity. The observations of MM. Cornil and Berlioz, which we have quoted, have been resumed, and new facts have been developed. Before speaking of the new points, it may be well to give an account of the knowledge already existing of the peculiar powers of this agent.

It has been proved that the active constituent of jequirity is a microbe—a minute organism—and that if freed by proper filtration from these bodies, the infusion no longer possesses the power to excite inflammation. This disease-producing microbe is derived from the atmosphere, as Sattler has demonstrated. The infusion is prepared by macerating one part of the finely pulverized seeds in seven hundred and sixty parts of cold distilled water, which, after digesting twenty-four hours, is then filtered and placed in flasks, so closed as to prevent the admission of the germs of putrefaction. Thus prepared, the infusion will retain its activity for several weeks. The germs derived from the air find in the albuminous matter of the seeds the material suited to their pullulation—in other words, the infusion of jequirity is a "culture fluid." A few drops placed in contact with the conjunctiva excite an active inflammation which may supplant an existing morbid process. It has been shown to cure pannus, trachoma, and other affections by this "substitutive inflammation" produced by the action of the microbe. An aerial disease-producing microbe has thus been proved to exist. The agency of aerial minute organisms in the causation of fermentative and other morbid changes, as maintained by Pasteur, is therefore confirmed.

The recent observations of MM. Cornil and Berlioz add new facts equally convincing of the substantial accuracy of Pasteur's doctrines, and of the important generalizations based on them. By subcutaneous injection of the infusion of jequirity, in frogs, rabbits and guinea pigs, they have produced phlegmons of the skin which were followed by suppuration and gangrene. They find that if the animal survive these lesions, a second and greatly stronger injection produces no result, and, hence, they conclude that the first operation has the effect of a vaccination. They further ascertained that by injecting into the pleural or peritoneal cavity of a rabbit, even the fourth of a drop of the infusion, peritonitis or pleuritis followed, and the microbes were diffused throughout the circulation. The injection of this small quantity into any part of a frog, was followed by general septic infection, millions of the microbes being produced, and they were found in all organs and tissues, except the cornea. A drop of the blood of such an infected frog caused in another frog the same septic infection and the same generalization of the microbe. If, instead of injecting the infusion, the grains of jequirity are mixed in and taken with the food, systemic infection does not occur. The elimination of the microbe from the system takes place by the kidneys and the intestinal mucous membrane.—*Medical News*, December 15, 1883.

Bromide of Ethyl and Nitro-Glycerin.—Professor O. Berger has found bromide of ethyl useful, (1) In neuralgic conditions of the nerves of the face and

head, in megrim, and in nervous headache and heaviness. The inhalation of twenty to forty drops of the remedy several times a day has lessened headache in cases where quinine, salicylic acid, caffein, and guarana had all proved useless; and in three cases of headache connected with cirrhosis of the kidney it was better than any other remedy. (2) In neurasthenia: it is here given in doses of from one to three grammes twice or thrice a day if necessary. (3) In epilepsy: here it is of very little use, although Bourneville and D'Ollier considered it useful. They narcotised their patients daily for ten to twenty minutes with it, but when given in doses of one gramme daily by inhalation it is useless. It is besides expensive and causes much depression. When inhaled before or during the epileptic attack it only prevents or cuts it short in exceptional cases. (4) In hysteria it is of more use. The attack of hystero-epilepsy may sometimes be cut short by narcotising with it for ten or fifteen minutes, eight to twelve grammes of the drug being required. When given in doses of a half gramme to two grammes by inhalation once or twice a day, it may avert a threatened attack of hystero-epilepsy. (5) In several cases of psychical excitation the bromide of ethyl has proved serviceable. The author finds nitro-glycerin also useful in headache.—*Breslauer ärztl. Zeitschrift*, No. 8, 1883.—*The Practitioner*, Dec. 1883.

Action of Adonis Vernalis.—This plant belongs to the order Ranunculaceæ. It has been found by Cervello (Archiv. für exper. Path. p. 235, vol. xv.) to contain a glucoside, adonidin. This substance has an action very much like that of digitalis. It lessens the power of voluntary muscles and raises the blood-pressure. It does not seem, however, to be cumulative. Its physiological action as well as its therapeutic uses have been further investigated by Bubnow, who finds that the action on the frog's heart is like that of digitalis, and considers that it stimulates first the inhibitory apparatus, and the motor centres of the heart. It increases the contractility of the cardiac muscle, and the amount of work the heart is able to do. It causes contraction of the arterioles. In warm-blooded animals, also, it acts like digitalis; but though no difference can be noticed between the action of adonis and digitalis on animals, yet clinically there is a difference between them, inasmuch as some cases of disease which did not improve under digitalis, improved rapidly under adonis and *vice versâ*. It is to be noticed that adonis is more liable than digitalis to cause sickness, vomiting, and diarrhœa.—*Pract.* xxxi. 67.—*Deut. Archiv. für klin. Med*—*The Practitioner*, Dec., 1883.

Antisyphilitic Properties of Cascara Amarga, Caroba and Berberis Aquifolium.—For the past four years Dr. Froehling, of Mexico, has used cascara amarga, the bark of a tree of Honduras of the genus picramnia as an antisyphilitic. The fluid extract is given in doses of gtt. xl–l to an adult in secondary syphilis. The symptoms quickly disappear, and the tonic action of the remedy is striking. In a case of specific iritis, Reuling has seen a manifest amelioration within three days—the dose being gtt. xl of the fluid extract three times a day. The instillations of atropia were stopped and cascara amarga used alone.

The leaves of the Brazilian caroba, the extract of which is officinal in France, has been used by C. Weber, of Leipzig, and by Edson, in obstinate forms of secondary syphilis, gtt. xv–3 j being given in a day. It is a valuable antisyphilitic, tonic and alterative.

According to Dr. Baird, of Tennessee, the berberis aquifolium (Oregon grape root) is a valuable remedy in secondary syphilis. He has prescribed it in two cases in syrup or a solution containing gr. xv of iodide of potassium in each dose of a dessertspoonful in coffee three times a day.—*L'Abeille Méd. Medical News.*

Disadvantages of Kairine in Pneumonia.—Dr. Riegel advises against the employment of kairine in pneumonia. Independently of the fact that the danger in pneumonia does not lie in the high temperature, the antipyretic effect of the drug in this disease is very slight. It was not always possible to reduce the temperature to the normal even with large doses of kairine, and when this result was obtained the fever would often return quickly in spite of a continued administration of the remedy. The influence upon the frequency of the pulse was still less marked. The chief inconvenience of the kairine treatment, however, lies in the fact that it often causes a most threatening state of collapse, and it was an occurrence of this kind that induced the author to desist from any further employment of the drug.—*Centralblatt für Klinische Medicin*, November 10, 1883. *Medical Record*, January 26, 1884.

Hoang-Nan in Hydrophobia.—Gingeal has recently made a communication to the Académie de Médicine of Paris on this subject, with the following conclusions: 1. There is reason to believe that clinical experience will verify the opinion as to the good effects of hoang-nan in the treatment of hydrophobia. 2. The oriental practice, which consists in administering the drug per os, should be rejected on account of the dysphagia and the eventual vomiting. 3. The drug can be better administered by the subcutaneous injection of an aqueous solution—1 to 10—of the alcoholic extract, or an alcoholic acetous preparation, every ℥xv of which represent probably the active principle of three of the pills recommended and given in Tonquin. 4. The maximum dose of the preparation can not be formally indicated, but must depend upon the indications.—*L'Independente*, Nov. 15, 1883.—*Medical News.*

Quebracho in Dyspnœa.—El Sentido Catol, en las Ciencias Med., March 1, 1883, claims that, "1. Quebracho diminishes the frequency of the respirations and cardiac contractions. 2. It strengthens and regulates cardiac contractions, either directly or through the nervous system. 3. This action is evident and immediate. 4. It has a manifest anti-dyspnœic action. 5. In nervous dyspnœas it must be tried in a greater number of cases. 6. It produces the same effect in dyspnœa from acute pulmonary affections. 7. Its prolonged administration produces no alteration in other organs or functions." —*Gaillard's Medical Journal.*

Convallaria Majalis in Cardiac Irritability.—Dr. Stallard of San Francisco has narrated to us the history of a case of irritable heart, in which the convallaria was of marked benefit. The patient was a female who had a pulse of 204, as shown by palpation and by the sphygmograph. He gave the tincture in doses of ten minims three times a day, increasing the quantity to fifteen and then twenty minims. In a few days the pulse had fallen nearly to 100. Dr. Stallard suspects some derangement of the mitral valve connected with the cardiac irritability.—*Pacific Medical and Surgical Journal.*

Grindelia Robusta in Rhus Poisoning.—The last case this morning is one showing the inflammation produced by "poison-ivy." The man, a laborer, states that he was exposed to the poison on the railroad only two days since, and here on the forearms you see its effects in an acute vesicular dermatitis, which is accompanied with heat and itching. The same inflammation has attacked the penis and scrotum, as is likely to be the case in this affection. The lesions, you observe, are minute, miliary and irregularly-shaped vesicles, very thickly set and tending to run together.

We will direct that a lotion be made of a drachm of fluid extract of grindelia robusta to two or four ounces of water, and applied freely three or four times a day. In three or four days he will probably be able to work again.—(From clinical lecture by Prof. Louis A. Duhring, published in the *Medical Bulletin.*)

Official List of Medical Officers and Acting Assistant Surgeons of the U. S. M. H. Service, with Stations, January, 1884.

NAME AND RANK. STATION.

Supervising Surgeon-General.

John B. Hamilton.....Washington, D. C.

Surgeons.

P. H. Bailhache.....Washington, D. C.
John Vansant.....San Francisco, Cal.
W. H. H. Hutton.....Louisville, Ky.
T. W. Miller.....Chicago, Ill.
Walter Wyman.....Baltimore, Md.
W. H. Long.....Detroit, Mich.
R. D. Murray.....Gulf Quarantine.
C. S. D. Fessenden.....St. Louis, Mo.
George Purviance .....Boston, Mass.
H. W. Sawtelle... .....New York, N. Y.
H. W. Austin.....Cincinnati, Ohio.
J. M. Gassaway .....Philadelphia, Pa.
Henry Smith*

Passed Assistant Surgeons.

G. W. Stoner.....Portland, Maine.
J. C. Fisher.....New York, N. Y.
John Godfrey.....New Orleans, La.
C. B. Goldsborough.....Mobile, Ala.
Fairfax Irwin.....Norfolk, Va.
F. W. Mead.....Port Townsend, W. T.
H. P. Cooke .....Charleston, S. C.
H. R. Carter.....San Francisco, Cal.
W. H. Heath.....Buffalo, N. Y.
John Guitéras.....Key West, Fla.
W. A. Wheeler.....Chicago, Ill.
J. A. Benson.....Cairo, Ill.
C. E. Banks..... ....Washington, D. C.

Assistant Surgeons.

D. A. Carmichael.....Pittsburgh, Pa.
S. T. Armstrong.....Memphis, Tenn.
P. H. Bennett.....Detroit, Mich.
C. T. Peckham.....Wilmington, N. C.
R. P. M. Ames.....Evansville, Ind.
S. C. Devan†
F. M. Urquhart.....St. Louis, Mo.
P. C. Kalloch..... ...New York, N. Y.
H. W. Yemans.....San Francisco, Cal.
A. D. Bevan ....Portland, Oreg.
A. H. Glennan.....New Orleans, La.
Eugene Wasdin‡.....Galveston, Texas.

Surgeon, (Retired.)

T. J. Griffiths§.....Louisville, Ky.

Acting Assistant Surgeons.

NAME. STATION.

J. M. Allen.....Milwaukee, Wis.
W. A. Banks.....Rockland, Maine.

* On waiting orders.
† On sick leave.
‡ Temporary.
§ Consulting Surgeon, Louisville Marine Hospital.

NAME. STATION.

H. G. Bates.....New Berne, N. C.
B. F. Beebe.....Cincinnati, Ohio.
R. D. Bibber.....Bath, Maine.
J. E. Bready.....Dubuque, Iowa.
J. B. Brewster.....Plymouth, Mass.
S. D. Brooks.....Boston, Mass.
G. B. Case.....Cleveland, Ohio.
S. B. Conover..... ...Philadelphia, Pa.
W. A. Cox.....Pascagoula, Miss.
J. B. Cromley .....Gallipolis, Ohio.
Byron DeWitt.....Oswego, N. Y.
Richard Douglas.....Nashville, Tenn.
A. W. Fisher .....Toledo, Ohio.
J. P. C. Foster.....New Haven, Conn.
T. L. Gelzer.....Escanaba, Mich.
L. P. Gibson.....Little Rock, Ark.
Thomas Graham.....Eureka, Cal.
W. M. Griffiths.....Louisville, Ky.
G. A. Harding.....Sault Ste. Marie, Mich.
W. H. Heard.....Newport, Ark.
B. S. Herndon.....Fredericksburg, Va.
H. S. Hersey.....Bismarck, Dak.
L. W. Hodgkins.....Ellsworth, Maine.
S. B. Hunter.....Machias, Maine.
S. L. Jepson.....Wheeling, W. Va.
R. W. Johnson.....Baltimore, Md.
Samuel Kitchen... .....East Saginaw, Mich.
T. J. McFarland.....Indianola, Texas.
J. M. Main.....Brownsville, Texas.
W. C. Mason.....Bangor, Maine.
H. E. Mereness .....Albany, N. Y.
J. D. Mitchell .....Jacksonville, Fla.
P. H. C. Noble.....Richmond, Va.
Charles Ottilie..... ...La Crosse, Wis.
W. R. Page.....Sandusky, Ohio.
T. T. Price.....Tuckerton, N. J.
S. D. Robbins.....Vicksburg, Miss.
J. A. Rowles.... .....Chicago, Ill.
S. H. Sears .....Newport, R. I.
Elmer Small .....Belfast, Maine.
W. N. Smart.... .....Grand Haven, Mich.
A. E. Spohn.....Corpus Christi, Texas.
J. G. Stanton .....New London, Conn.
Theodore Starbuck.....Fernandina, Fla.
W. D. Stewart.....Vineyard Haven, Mass.
G. H. Stone.....Savannah, Ga.
D. H. Strickland.....Erie, Pa.
Joseph Taylor.....Shreveport, La.
W. H. Taylor.....New Bedford, Mass.
A. S. Tebbs .....Marquette, Mich.
J. H. Vandeman.....Chattanooga, Tenn.
M. F. Wentworth.....Portsmouth, N. H.
C. A. Wheaton.....St. Paul, Minn.
R. C. White.....Pensacola, Fla.
Mortimer Willson.....Port Huron, Mich.
J. E. Wood.....Elizabeth City, N. C.
H. S. Wyman..... ..Sitka, Alaska.